

SSO Scholarship Application

Student Musician's Name _____

Return completed and signed Application to:

SSO

Po Box 774079

Steamboat, CO 80487

The Steamboat Symphony Orchestra is committed to providing classical music education and training for Yampa Valley youth. Scholarship funds are available through the Orchestra to assist families with a financial need with tuition of a SSO Youth Musician Program.

Eligibility: To be eligible for assistance, the youth musician must be under age 20. If over age 18 years, the youth must be a full time student. The youth must be musically qualified to participate in the SSO Program for any award. Full scholarships are generally not awarded; scholarships are based on financial need.

The information requested will be confidential within SSO. A new application is required for each term. A separate application should be submitted for each participating youth musician in the family.

Parent's Names _____

Mailing Address: _____

Telephone Number(s): _____ PRINT Email address: _____

Household Annual Gross Income: \$ _____ Annual amount spent on student's music lessons \$ _____

How much financial assistance is being requested \$ _____

List all family members and the children's ages supported by this income:

Student musician's date of birth: _____ Student's grade & school _____

Instrument played _____ How long played: _____ If the youth musician is over age 18 years, is he/she a full time student? Yes No

Financial assistance is requested for the following SSO Programs:

Monticellos String Ensemble Flute Choir Youth Program Honor Recital

Is there any additional information or circumstances you would like to share with the Scholarship Committee regarding the scholarship request? All information will be carefully considered and held in confidence.

I certify that all the information provided on this application and all accompanying documents are true, accurate, and complete. If the youth is awarded a scholarship, I agree to volunteer my family's time to assist the Youth Program or other SSO Program during this term.

Parent Signature: _____ **Date:** _____

Thank you for your application. The Scholarship Committee will review this application. You will be notified within 3 weeks. Full tuition may be deferred while this application is pending.

This section for internal use.

Date of review _____

Scholarship Committee members reviewing application:

Review comments: