



Strings in the School  
Scholarship Application

Complete this form and return to the SLO Symphony office or email to [abraham@slosymphony.com](mailto:abraham@slosymphony.com)  
**Scholarships must be received by Monday, February 3, 2020**

The following policies have been developed for awarding scholarships. *Please note: scholarships may not be applied towards instrument rentals.*

1. Each student is responsible for the registration fee of \$50.00 when submitting a scholarship application.
2. Scholarships will be determined based on financial need, the number of applicants, and funds available.
3. Remaining tuition not covered by the scholarship will be due no later than **March**.
4. Families receiving scholarships may be asked to volunteer throughout the academic year as needed.
5. Scholarship recipients will be evaluated during the year for attendance, evidence of individual progress, and attitude. If a musician is absent from rehearsals or exhibits lack of preparation, interest, or motivation, the scholarship may be reconsidered.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip code: \_\_\_\_\_  
Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**QUESTIONS**

Monthly family income (net): \_\_\_\_\_ # of children in the household: \_\_\_\_\_ Is either parent a full-time student? \_\_\_\_\_ Part-time student? \_\_\_\_\_

Type of family assistance (i.e. AFDC), if any: \_\_\_\_\_  
\_\_\_\_\_

Why does your child want to participate in Strings in the Schools? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of commitment will there be to attendance and practicing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of hardship would there be if your child did not receive a scholarship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a letter from the student or any additional information you feel would be important in determining your child's need for a scholarship.

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**AGREEMENT**

I understand that if my child receives a scholarship it will be awarded contingent upon this application, which will be reviewed by a SLO Symphony scholarship committee. I further understand that the awarded scholarship will be contingent upon the quality of my child's participation and positive attitude. If my child receives a scholarship, I understand I may be asked to volunteer for events throughout the year as requested. By signing below, I agree to the conditions stated above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_