

Scholarship Application

2019-2020

Crescendo Community Chorus has a limited amount of funds available each year to assist families with tuition. At this time, we are only able to offer up to 50% of the registration fee in scholarship funds. Please fill out the information below to help us determine the allocation of funds. We will try to give some assistance to each family in need based on need level and funds available.

All applications must be received by the first week of rehearsals in order to be considered. Exceptions will be made only for those who enroll later in the year when the application will be due no later than the second rehearsal following enrollment. Applicants will be informed of the Scholarship Committee decision by the second week of rehearsals or two weeks following submission date.

Singer's name(s):	
Parent name(s):	
Mailing address:	
Home Phone: Email Address:	
☐ My child is eligible for the Free Meal program through the Public Schools This income bracket will receive <i>up to 50%</i> Tuition Scholarship.	5.*
☐ My child is eligible for the Reduced Meal program through the Public Sch This income bracket will receive <i>up to 25%</i> Tuition Scholarship.	nools.*
*Enter this link for federal income eligibility levels into your browser: http://www.k12.wa.us/ChildNutrition/Programs/NSLBP/pubdocs/Income	neGuidelines19-20.pdf
If possible, please attach a copy of your most recent Free/Reduced Meal pr Income from your most recent tax return (line 22, Form 1040). A copy of your most recent tax return (line 22, Form 1040). A copy of your most recent tax return (line 22, Form 1040).	•
☐ I am not able to provide the above mentioned information but the need Please explain below and provide any supporting documentation:	for a scholarship exists.
Parent/Guardian Signature:	Date
**************************************	************
Date Received:	
Committee Review Date:	
☐ Approved for amount or %: ☐ Disapproved (reason):	
Scholarship Committee Chair Signature:	