



WESTERN PIEDMONT SYMPHONY
YOUTH ORCHESTRAS

Financial Need-Based Scholarship Application

Student Name: _____ Phone: _____

Email:

Street Address:

City, State, ZIP:

Grade: _____ School: _____

The Western Piedmont Symphony Youth Orchestras understands that the following section requires sensitive information. This information will be used only for purposes related to evaluating the request for financial assistance. This form cannot be processed unless all information is complete and the form is signed.

Could you participate if you did not receive any scholarships? _____

What amount, if any, could your family contribute to tuition? \$ _____

Could you pay tuition if it was divided into two installments? _____

Are you currently receiving scholarships or awards for music lessons from any other organization? _____

If yes, from whom? _____

How many family members are current members of the WPSYO program? _____

Parent Signature _____ Date _____