Youth Opera of El Paso

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SCHOLARSHIP APPLICATION

Please fill out this form completely and accurately. All information is kept confidential.

1. **Student Information**

Full Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Phone Number(s): _____ Preferred Email Address: _____

Is the student listed above identified in any of the following categories?

Please circle all that apply: Foster Child Homeless Migrant Runaway Head start

2. **Academic Information**

Grade Level: _____ School Name/District: _____

Achievements (if any): _____

_____

3. **Extracurricular Activities**

Please list other activities you are involved in, Community Service, or any other achievements outside of school.

_____

_____

4. **Student Personal Statement (150 words or less)**

Please write a short statement to share your goals, experiences, and what having this opportunity would mean to you.

_____

_____

_____

_____

_____

_____

5. **Parent/Guardian Information**

Full Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Phone Number(s): _____ Preferred Email Address: _____

SSN_____

6. **Financial Information**

a. Number of members in household: _____

b. Monthly earnings from work before deductions: _____

c. Monthly income from other sources:
Please list amounts and frequency (weekly, monthly, annually):

Welfare	_____	Social Security	_____
Child Support	_____	Pension	_____
Alimony	_____	Retirement	_____

d. Please list any other income source, including amounts and frequency:

_____

_____

e. Does any member of your household receive **SNAP, TANF or FDPIR benefits?**

Circle one: YES NO

If yes, please enter eligibility determination group number (EDG) here:_____

f. Does your child(ren) qualify for free or reduced lunch on their school campus?

Circle one: YES NO

7. **Declaration**

I certify (promise) that all information on this application is true and that all income is reported. I understand that program officials may verify (check) the information. I understand that if I purposely give false information, my children may lose participation benefits. I agree to be contacted if more information is needed.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____