



Central Coast Youth Chorus

Application for Scholarship

2024-25 Season (Sept - May)

All information provided below is confidential.

**** PLEASE NOTE: Any tuition fees NOT covered by the Scholarship are due to CCYC by Nov 1, 2024****
Participation in concerts and future rehearsals will NOT be allowed if payment is not received.

Date of Application: _____ Date Application Received: _____

Child/ren's Name(s): _____

Which choir/s will your child be singing with during the scholarship period? _____

Child's Date of Birth: _____ Years in CCYC: _____

Siblings currently enrolled in CCYC: _____

Ethnic/cultural background (optional) *Foundations and grantors funding scholarship programs often ask for this information. Your willingness to supply this will greatly assist us in being able to apply for additional funding for scholarships.*

- | | |
|---------------------------------|---|
| _____ More than one | _____ Hispanic or Latino |
| _____ American Indian | _____ Native Hawaiian or Pacific Islander |
| _____ Asian | _____ White |
| _____ Black or African American | _____ Other |

Parent/Guardian Name: _____

Home Address: _____

Occupation: _____ Employer: _____

Email: _____ Daytime phone: _____

Second Parent/Guardian Name: _____

Home Address: _____

Occupation: _____ Employer: _____

Email: _____ Daytime phone: _____

Parent(s)/Guardian(s) is/are: ___ Married ___ Divorced ___ Single ___ Widowed

Please explain any extenuating circumstances or recent changes in income or finances that you would like the committee to consider:

Monthly Finances

INCOME

Total Take Home Wages _____
Child/Family Support _____
Pension _____
SSI/SDI _____
Other _____

EXPENSES

Mortgage/Rent _____
Food _____
Utilities _____
Auto _____
Tuition _____
Loans _____
Medical _____
Other _____

Total Income: _____

Total Expenses: _____

Current Household: Number of Adults _____ Number of Children _____

Amount or percentage of scholarship requested from CCYC: _____

Have you ever received a scholarship from CCYC? Yes / No

If **YES** to the above question, when and for what amount? _____

To the best of my knowledge, the above information is correct. I understand that I am expected to volunteer an additional 5 hours to the 10 hours already required for each CCYC family during the 2024-25 Season (**for a total of 15 hours**) OR to volunteer on at least one CCYC committee in addition to the 10 hours already required for each CCYC family.

Signature: _____ Date: _____

The following documents *may be* requested by the Scholarship Committee to verify financial need:

1. Copies of your most recent tax return.
2. Employment check stub or other proof of current salary.

Return the completed application to the information desk at choir rehearsal or mail directly to:
CCYC, P.O. Box 15757, San Luis Obispo, CA 93406 **by September 10th, 2024.**

Applicants will be notified if their family will be receiving a scholarship and the amount of the scholarship by September 24th, 2024. Please note that all volunteer obligations must be met and are not subject to scholarship amount granted.

If you have any questions, please call 805-464-0443.