

Youth Orchestras of Charlottesville-Albemarle Ted Stuart Memorial Scholarship Application

(Please return form to: YOCA, Attn: Ted Stuart Memorial Scholarship Fund
P.O. Box 4845, Charlottesville, VA 22905. If you need assistance completing this form,
please call YOCA office at (434) 974-7776.

Today's Date: _____

Candidate for: Full scholarship - private lessons and instrument rental

Partial scholarship

private lessons

instrument rental

both

Instrument: String: _____ Wind/Brass: _____

Name of person making recommendation: _____

Telephone: _____ E-mail: _____

Address: _____ City: _____ Zip Code: _____

Student Information

Child's Name: _____ Date of birth: _____ Sex: _____

Address: _____ City: _____ Zip code: _____

Home telephone: _____ E-mail: _____

School Information

School now attending: _____ Present grade/class: _____

School Address: _____ City: _____ Zip code: _____

School contact and telephone: _____

Household Information

Father/1st guardian: _____ Telephone: _____

Address: _____ City: _____ Zip Code: _____

Occupation: _____ Employer: _____

Mother/2nd guardian: _____ Telephone: _____

Address: _____ City: _____ Zip Code: _____

Occupation: _____ Employer: _____

Name and age of children (under the age of 18) in the household:

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

Total number of people in the household: _____

Total monthly income from all sources (after deductions): _____

Total monthly expenses (mortgage/rent, utilities, property taxes, home insurance, food, auto loans, gasoline, health insurance, medical expenses, child support, etc.): _____

Public assistance currently received: (Optional – skip this question will not adversely affect your chance of getting approval)

- Free and reduced price meals Food stamp Medicaid Low-income housing
 Virginia children's health Insurance program Other _____

Please use the space below to provide additional information that you believe is important for the committee to consider before reaching its decision. (Additional pages may be used): _____

I certify that the above information is complete and correct.

X _____
Signature of Parent/Guardian

Date