

**Youth Orchestra of Charlottesville - Albemarle County
Scholarship Application**

Please return form to: YOCA, Attn: Scholarship Program
P.O. Box 4845, Charlottesville, VA 22905.

If you need assistance completing this form, please call YOCA office at (434) 974-7776) or email general manager at yoca_evans@yahoo.com.

Today's Date: _____

- Candidate for:** Full scholarship - private lessons and instrument rental
 Partial scholarship
 Private lessons
 Instrument rental
 Both

- Instrument:** Violin Viola Cello Bass

 Wind Instrument Brass Instrument

PLEASE PRINT CLEARLY

Name of person making recommendation:

_____ **Relationship to student** _____

Telephone: _____ E-mail: _____

Address: _____

City/ Zip Code _____

Student Information

Child's Name: _____

Date of birth: _____ Sex: M F

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: (Check any that apply. This is optional)

- 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