

CAPITAL CITY GIRLS CHOIR
SCHOLARSHIP APPLICATION

DATE: _____

CHOIR MEMBER'S NAME:

1- _____ AGE: _____ CHOIR: _____

2- _____ AGE: _____ CHOIR: _____

3- _____ AGE: _____ CHOIR: _____

HOME ADDRESS: _____ HOME PHONE: (____) _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

EMPLOYER'S NAME, ADDRESS & PHONE:

EMPLOYER'S NAME, ADDRESS & PHONE:

POSITION/TITLE _____

POSITION/TITLE _____

PARENTS ARE: MARRIED _____ DIVORCED: _____ SINGLE: _____

FINANCIAL INFORMATION: MUST PROVIDE COPY OF MOST RECENT TAX RETURN AND CURRENT WAGE STATEMENT. PLEASE LIST ALL SOURCES OF INCOME: SOCIAL SECURITY, WELFARE, CHILD SUPPORT, ALIMONY, ETC. IN ADDITION TO CURRENT WAGES.

INCOME SOURCES:

1- _____ MONTHLY AMOUNT _____
2- _____ MONTHLY AMOUNT _____
3- _____ MONTHLY AMOUNT _____

EXPENSE ITEM: PLEASE LIST MOST PERTINENT MONTHLY EXPENSES AND AMOUNT

	MONTHLY AMOUNT		MONTHLY AMOUNT
RENT/HOUSE PAYMENT	_____	MEDICAL BILLS	_____
UTILITIES	_____	CREDIT LOANS	_____
SCHOOL TUITION	_____	FOOD/CLOTHING	_____
CAR PAYMENT	_____	OTHER	_____

TOTAL GROSS FAMILY INCOME FROM ALL SOURCES: _____

NUMBER OF FAMILY MEMBERS AT HOME: _____

ARE THERE ANY OTHER CIRCUMSTANCES THAT THE CHOIR SHOULD TAKE INTO CONSIDERATION? PLEASE ATTACH ANOTHER SHEET IF NECESSARY.

I HAVE READ THE "CONDITIONS OF SCHOLARSHIP AWARD" AND AGREE TO MEET ALL REQUIREMENTS AS OUTLINED.

SIGNATURE: _____

FOR OFFICE USE ONLY

TUITION _____	TOUR EXPENSE _____
POSSIBLE FAMILY CONTRIBUTION _____	POSSIBLE FAMILY CONTRIBUTION _____
REQUESTED AID _____	FUNDRAISING ACCOUNT BALANCE _____
	REQUESTED AID _____