

N O R W A L K · Y O U T H · S Y M P H O N Y

SCHOLARSHIP SUPPORT

- Orchestra tuition** **Chamber Orchestra/Small Ensemble** **Private lesson support**
Please check all that apply

Please Print:

Student's last name _____ First name _____

Grade in school **IN 2010-11** ____ Age ____ Orchestra _____ Instrument _____

Father's name _____ Mother's name _____

Address _____ Address _____

Name of employer _____ Name of employer _____

Address _____ Address _____

Nature of business _____ Nature of business _____

Position held _____ Position held _____

Total combined annual wages, salaries, and other income before taxes as listed on the previous year's income tax return: \$ _____ Please **attach a copy of your 2009 federal tax return.** *see note

Number of dependent children. ____ Ages (circle those in college) _____

Number of others dependent on family for major financial support (i.e., more than 50% of their support): _____

Amount of assistance requested: \$ _____

*Note: If you are separated or divorced, and if it is necessary, please duplicate this form and have the other parent fill it out independently. If you have questions, please call Sara Watkins at the NYS office (203) 866-4100.

If you wish to be considered for private lesson support, please complete the following:

Private teacher's name _____

Teacher's address _____

Telephone _____ email _____

Private lessons: How often _____ Length _____ Cost for 1 lesson _____

The above information is true and accurate:

Father's signature _____ Date _____

Mother's signature _____ Date _____

Additional comments by parents that may be of aid to the Scholarship Committee. (Please continue on reverse if necessary.)

This form is due at the audition.