

2020-2021 Southeastern Minnesota Youth Orchestras (SEMYO)

Tuition Scholarship Application Form

To assure that no student who is qualified to be a member of SEMYO is prevented from joining because of participation fees, a limited number of scholarship grants are available.

- All new students must pay a non-refundable \$25 audition fee.
- Indicate for which trimester(s) you are requesting assistance: ___ Fall ___ Winter ___ Spring
- The scholarship committee shall determine the number and amounts of scholarships awarded within the constraints of available funds. The committee's decision is final.
- All information provided, committee discussions, and decisions will be kept confidential.

Student Name _____ Instrument _____

Which ensemble is the student in? _____

Parent Name(s) _____

Address _____

City, State, Zip _____ Phone _____

Father's occupation and employer _____

Mother's occupation and employer _____

Siblings (number and ages): At home _____ At college _____ In SEMYO _____

How much are you able to contribute toward each trimester's participation fee? \$ _____

Is the student currently enrolled in private music lessons outside school? _____

Any extenuating circumstances the committee should be aware of as it concerns your application:

The information I/we have provided on this form is accurate and true:

Parent signature _____ Date _____

Please attach a copy of the parent's most recent Individual Income Tax Return form 1040 – just the front page showing the adjusted gross income (both parents' forms, if filed separately.)

This application may be mailed or personally delivered to the SEMYO office at Assisi Heights, 1001 14th Street NW, Suite 450, Rochester, MN 55901-2564

Application Approved _____ Date ____/____/____ Scholarship Amount \$ _____

Signature of Scholarship Committee Member _____