



2017-18 Scholarship Application

Anderson Area Children's Choir and Youth Chorale

Student's Name _____ Age _____

Address _____

City _____ State _____ Zip _____ Phone _____

Custodial Parent's Name _____

Custodial Parent's Employer _____

Other Parental Employer _____

Years in AACCC/YC _____ Choir for 2017-18 _____

Does the student qualify for free/reduced lunch? _____

Does your household receive child support? _____ Amount _____

Total number of people in your household _____

After taxes, what is your monthly income? _____

Please attach a copy of your last tax return (total income page) or other federal/State documentation regarding income. THIS APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS INFORMATION!

Please use the space below to provide any other information that would help us when considering your application.

Custodial Parent's Signature _____ Date _____

Please note - if a scholarship is awarded, the student is expected to attend ALL performances!

Mail completed form to AACCC/YC, PO Box 547, Anderson, IN 46015