

**TUCSON ARIZONA BOYS CHORUS**  
**Scholarship Application**

*For office  
use only*

*PLEASE COMPLETE EACH SECTION*

- \_\_\_1. Applying for    \_\_\_ Tuition Scholarship            \_\_\_ Camp Scholarship
- \_\_\_2. Applying for    Tuition: \_\_\_ Partial Scholarship            \_\_\_ Full Scholarship  
                         Camp: \_\_\_ Partial Scholarship            \_\_\_ Full Scholarship
- \_\_\_3. Name of student applicant:  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_
- \_\_\_4. Age of student: \_\_\_\_\_
- \_\_\_5. Placement of student:  
\_\_\_ Training        \_\_\_ Towne Singers        \_\_\_ Touring
- \_\_\_6. A. Current grade point average of student: \_\_\_\_\_  
B. Please attach a copy of student's *most recent* report card.
- \_\_\_7. Name of parents or guardians:  
A. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
B. Last Name \_\_\_\_\_ First Name \_\_\_\_\_
- \_\_\_8. Address for Line 7A:  
Number & Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Address for Line 7B:  
Number & Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- \_\_\_9. Telephone Number for Line 7A: \_\_\_\_\_  
Telephone Number for Line 7B (if different from Line 7A): \_\_\_\_\_
- \_\_\_10. Did you file an IRS income tax return or any other income tax return last year?  
\_\_\_ Yes        \_\_\_ No
- \_\_\_11. Marital Status: \_\_\_ Single        \_\_\_ Married        \_\_\_ Divorced

\_\_\_\_12. What was your (and spouse's) adjusted gross income last year?  
\_\_\_\_\_

OR

If you answered No to line 10: What was your (and spouse's) estimated gross income last year?  
\_\_\_\_\_

\_\_\_\_13. How many people are in your household? \_\_\_\_\_

\_\_\_\_14. How many of Line 13 are under the age of eighteen? \_\_\_\_\_

\_\_\_\_15-17. 15. Does anyone other than head of household (and spouse) contribute to the household income (i.e. alimony, child support, other family members, etc... if not included in Line 12)?

\_\_\_\_ Yes      \_\_\_\_ No (If you answered No, jump to Line 18.)

16. Please provide the contributors' following information

<i>Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Amount of Contribution Per Year</i>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

(If you need additional space, please use the back of this sheet, referencing Line 16.)

17. Total Contributions from Line 16: \_\_\_\_\_

\_\_\_\_18. A. Do you (and spouse) have any other sources of income not already accounted for on this form (i.e. investments, interest, gifts, cash received, government or other aid)?

\_\_\_\_ Yes      \_\_\_\_ No

B. As of today, what is the approximate total of your (and spouse's) cash, savings and checking account balances? \_\_\_\_\_

\_\_\_\_19-21. 19. Are you (or spouse) financially responsible for (or offer financial aid to) anyone outside of the household (i.e. parents or children not living with you, alimony and/or child support not included in Line 12)?

\_\_\_\_ Yes      \_\_\_\_ No (If you answered No, jump to Line 22.)

20. Please provide the following information concerning the individuals referred to in Line 19:

<i>Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Amount of Contribution Per Year</i>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____

(If you need additional space, please use the back of this sheet, referencing Line 20.)

21. Total expenditures from Line 20: \_\_\_\_\_

\_\_\_\_22-23. 22. Please provide a breakdown estimation of monthly expenditures not accounted for in Line 12 or Lines 18-20:

- A. Housing (i.e. rent/house payment) \_\_\_\_\_
- B. Utilities \_\_\_\_\_
- C. Automobile/Transportation \_\_\_\_\_
- D. Medical \_\_\_\_\_
- E. Tuition \_\_\_\_\_
- F. Insurance \_\_\_\_\_
- G. Living Expenses (food, clothing, etc...) \_\_\_\_\_
- H. Other (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Total Expenditures from Line 22: \_\_\_\_\_

24. Are there any other circumstances you would like the scholarship committee to consider when reviewing your application? Please explain here, provide estimated dollar amounts if applicable, and attach copies of any appropriate information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. By signing this form, you are certifying that the preceeding information is accurate to the best of your knowledge. You may be asked to provide further verification or explanation of information.

SIGNATURE OF PARENT OR GUARDIAN

Name \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**THIS APPLICATION WILL BE CONSIDERED ONLY IF ALL SECTIONS ARE COMPLETE**

The following section is for Scholarship Committee use only

- 1. Date Reviewed \_\_\_\_\_
- 2. Scholarship Committee's Recommendation

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- 3. Total Amount of Scholarship Awarded \_\_\_\_\_
- 4. Signature of Scholarship Committee Member \_\_\_\_\_