



Sing Your Song, Inc. ("SYS") How to Apply for a Financial Scholarship Application –

(NOTE: All information will be kept confidential between Sing Your Song, Inc., the applicant and his/her/their parents)

Sing Your Song, Inc. is a non-profit organization whose mission statement is to provide financial assistance to young Performing Arts Students, who demonstrate a need. Sing Your Song was created so that young people could participate in youth musical theatre classes, camps, and shows and be able to have a positive experience in the Performing Arts.

SYS is financially supported by the generous donations from community members, businesses and corporations, and provides scholarship funding for at-risk, disadvantaged or special needs youth to attend Youth Musical Theatre classes, workshops or productions. Full, half and partial scholarships are awarded based on financial need and space availability in the class or production. We are excited to announce this special opportunity! Students between the ages of 5 and 20 are invited to apply for a financial scholarship with Sing Your Song, Inc.

Applicants must turn in the following to be considered for this scholarship:

1. Completed application
2. Student letter of interest
3. Parent/guardian proof of income
4. Two letters of recommendation

The student letter of interest should be as follows:

- One typewritten page in length that tells us how you heard about the theatre organization and why you want to attend one of their classes, workshops or productions.
- It should include reasons for applying for the scholarship.
- Please list other activities or youth organizations that you have participated in, and provide examples that demonstrate your commitment to activities over time.
- Remember that we want to hear your own unique ideas and words, please make sure the letter you submit is your own work.

Complete application packets are due 2 weeks BEFORE the start of class, workshop, or rehearsals. Applications received after this date will not be accepted. Candidates must also be available for an in-person interview (date & time to be announced at a later date).

Please mail your completed application packet to:

Sing Your Song
Attn: Julia Querin
PO Box 270876
San Diego, CA 92198

Or, if it is easier, you can scan and email the completed application to my attention at: julia@singyoursong.org.

We hope that you will take advantage of this great opportunity! Please feel free to contact me if you have questions about the scholarship, or the application process.

Sincerely,

Julia Querin, President
Sing Your Song, Inc.
julia@singyoursong.org
(858) 395-2734



Sing Your Song, Inc. ("SYS") Financial Scholarship Application –

Application Form

(NOTE: All information will be kept confidential between Sing Your Song, Inc., the applicant and his/her/their parents)

Name of applicant _____

Birth date of applicant _____ Current Age _____

Home address _____

City _____ Zip _____

Home phone _____ Cell phone _____

Email Address _____

Has applicant participated in musical theatre classes/productions? YES _____ NO _____

If yes, please list _____

Has applicant received a financial scholarship before? YES _____ NO _____

If yes, please list _____

Amount of financial assistance requested: \$ _____

Purpose of financial assistance: *(for example: workshop fees, production fees, master class fee, etc.)*

Name of Production/Workshop/Class, etc.: _____

Mother/Guardian's Name: _____

Home address _____

City _____ Zip _____

Email _____

Work Phone _____ Cell Phone _____

Father/Guardian's Name: _____

Home address _____

City _____ Zip _____

Email _____

Work Phone _____ Cell Phone _____

**Sing Your Song, Inc. ("SYS")
Financial Scholarship Application**

PARENT/GUARDIAN PROOF OF INCOME FORM

[Please answer all questions completely and honestly.]

Name of Parent/Guardian submitting Proof of Income _____

Please complete the following:

Student's School Name _____

School Address _____ Grade: _____

Student Attends (circle one) Public School Private School Home School

If attending Private school, is your child receiving financial assistance for school tuition?

Yes ___ No ___ If yes, amount of private school financial assistance _____

Does your child qualify for free or reduced lunch at school? Yes ___ No ___

Household Information: Total number of persons in household _____ How many are working? _____

Please list names and relationship to child:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's Occupation _____

Employment status: Full Time _____ Part Time _____ Not employed _____

Total GROSS Monthly Income \$ _____

(*Please include documentation of ALL sources of monthly income and amounts*)

Father's Occupation _____

Employment status: Full Time _____ Part Time _____ Not employed _____

Total GROSS Monthly Income \$ _____

(*Please include documentation of ALL sources of monthly income and amounts*)

Do you have any other financial or special circumstances/expenses to be considered? If yes, please explain.

I, (print name) _____ verify that the information submitted is accurate and complete to the best of my knowledge.

Parent/Guardian Signature

Date

Sing Your Song, Inc.

Financial Scholarship Application

Letter of Recommendation Form 1

Instructions to applicant:

Please contact an adult (other than a relative) that has worked with you in the past and ask them to write a letter of recommendation. They must fill out this form and attach it to a letter they have written. You must receive the letter of recommendation prior to 2 weeks BEFORE the start of class, workshop, or rehearsals in order to turn in your Sing Your Song Financial Scholarship Application on time.

Instructions for Letter of Recommendation:

You have been selected to offer your recommendation for a student applying for a Sing Your Song Financial Scholarship. This scholarship was created so that young people (who demonstrate a financial need) could participate in youth musical theatre classes, camps, and shows and be able to have a positive experience in the Performing Arts.

Please return this form and your letter to the applicant as soon as possible. Completed applications, including recommendations, are due to our office by 2 weeks BEFORE the start of class, workshop, or rehearsals.

If you have any questions please contact Julia Querin at Sing Your Song at: julia@singyoursong.org or (858) 395-2734.

Name _____

Address _____

Home/Cell Phone _____ Work Phone _____

Occupation _____

Relationship to the applicant _____

How many years have you known the applicant _____

The Scholarship Committee will be reviewing applications and reading all recommendations in an effort to select students that will benefit from their participation in _____ (i.e.the theatre organization's) Classes/Productions and take full advantage of this opportunity. Your input is greatly appreciated. Please offer your insight and be sure to include your opinion, in relation to the applicant, on the following points:

- student's motivation to participate and commit to a 2-3 month program
- student's interest in the arts (theatre in particular)
- student's ability to follow direction
- student's ability to work with others
- foreseeable benefits of this scholarship for the student
- anything else you would like the committee to know!

Thank you for your time and input!

Sing Your Song, Inc. Financial Scholarship Application Letter of Recommendation Form 2

Instructions to applicant:

Please contact an adult (other than a relative) that has worked with you in the past and ask them to write a letter of recommendation. They must fill out this form and attach it to a letter they have written. You must receive the letter of recommendation prior to 2 weeks BEFORE the start of class, workshop, or rehearsals in order to turn in your Sing Your Song Financial Scholarship Application on time.

Instructions for Letter of Recommendation:

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- foreseeable benefits of this scholarship for the student
- anything else you would like the committee to know!

Thank you for your time and input!

**Sing Your Song, Inc.
Financial Scholarship Application
Application Packet Checklist (please check all that apply):**

- ___ application form
- ___ student letter of interest
- ___ parent/guardian proof of income form
- ___ two letters of recommendation
- ___ student's current report card

Please mail your completed application to:

**Sing Your Song, Inc.
Attn: Julia Querin
PO Box 270876
San Diego, CA 92198**

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