

Scholarship funds provided through a grant from the Grande Ronde Child Center

Friends of the Opera House
Confidential Performing Arts Educational Scholarship Application

Please return with completed camp registration form(s)
to camps@elginoperahouse.com or mail to Friends of the Opera House, PO Box 492, Elgin OR 97827
or drop off at the Elgin Public Library or Cook Memorial Library in La Grande.

This Fund was conceived to give opportunity for performing arts education to students for whom it would otherwise be financially unfeasible. Students must show a commitment to the study of his or her discipline and be able to show financial need.

Requirements for Consideration. Applicant must:

- Demonstrate a passion or strong desire to participate in program.
- Commit to completing one full educational program or camp.
- Maintain regular attendance and follow all program policies.
- Have all application materials submitted by posted deadlines.

Information Student

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____

School _____ Grade _____

Camp week(s) applying for _____

Family Information Name of Father/Guardian _____

Occupation/Employer _____

Name of Mother/Guardian _____

Occupation/Employer _____

Phone Numbers: Home _____ Work _____ Cell _____

Email Address _____

Confidential Financial Information (This information will be seen by a small committee of Board of Directors of Friends of the Opera House and Grande Ronde Child Center).

___ I am applying for a full scholarship (\$250)

___ I am applying for a partial Scholarship. Please indicate the amount you would be able to pay \$ _____

Monthly Household Income \$ _____

Number of people in your household _____

Personal Statement (Give a brief statement explaining why you believe you deserve consideration. Highlight any major expenses that may increase your eligibility.)

I understand that tuition support may be withdrawn from any student whose conduct or progress is not satisfactory. Absences from class may result in termination of the scholarship.

I also understand that providing false or misleading information on any part of this application will disqualify the student from any tuition support consideration, now or in the future.

Printed Name _____

Signature _____ Date _____