

**Hill Country Youth Orchestras, Inc.**  
**SCHOLARSHIP APPLICATION**

Please mail or bring to: HCYO, 321 Thompson Drive, or e-mail to [skubenka@kfumc.org](mailto:skubenka@kfumc.org).

Child/ren's Names \_\_\_\_\_

Date/s of Birth \_\_\_\_\_ Date 1<sup>st</sup> enrolled \_\_\_\_\_

Parent's Names (Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Phone #: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Is child/ren living with (check one) mother \_\_\_\_\_ father \_\_\_\_\_ both \_\_\_\_\_

Did you or your spouse receive child support this month? (check one) yes \_\_\_\_\_ no \_\_\_\_\_

If yes, give the total amount received: \$ \_\_\_\_\_

Place of employment: (Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

Rate of pay: (Mother) monthly \$ \_\_\_\_\_ weekly \$ \_\_\_\_\_ daily \$ \_\_\_\_\_ hourly \$ \_\_\_\_\_

(Father) monthly \$ \_\_\_\_\_ weekly \$ \_\_\_\_\_ daily \$ \_\_\_\_\_ hourly \$ \_\_\_\_\_

For what are you applying? You may choose more than one, in necessary.

\_\_\_\_ Additional HCYO lesson assistance, per week. (Currently all HCYO musicians receive a \$20 per week scholarship.

Cavatina, Con Moto and beginning Twinkle Class members receive a \$10 a week scholarship, paid to the teacher.)

\_\_\_\_ Regular HCYO rental rate, per semester, per instrument: \$50.00

\_\_\_\_ Regular HCYO Summer String Camp: \$50.00

How much can you pay toward that cost? \$ \_\_\_\_\_ **Please Circle:** per week semester summer

How long will scholarship funds be needed? \_\_\_\_\_

Is your current account paid in full? yes \_\_\_\_\_ no \_\_\_\_\_ what is owed? \$ \_\_\_\_\_

Please tell us why you are asking for scholarship funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to be considered for a scholarship, please attach a copy of last year's Federal Income Tax return, first 2 pages only, filed by you and/or your spouse. In addition, copies of pay stubs and bills are necessary to help us determine your child's eligibility for a scholarship. Scholarships are reviewed annually.

Application submitted by \_\_\_\_\_

(Signature)

Date \_\_\_\_\_

***FOR OFFICE USE ONLY***

Recommendation of Conductor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation of Executive Committee \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scholarship amount recommended \$ \_\_\_\_\_

Duration of scholarship recommended \_\_\_\_\_

BOARD ACTION: granted \_\_\_\_\_ denied \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Board Chairman