



WingspanArts  
connecting the arts to life

## CONSERVATORY SCHOLARSHIP REQUEST

**I am requesting a scholarship for the following program:**

**Summer Conservatory**    **Cabaret Troupe**    **Conservatory Classes**

**Student Information:**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child receive a scholarship for school?    Yes    No    Not Applicable

Does your child receive Reduced or Free Lunch?    Yes    No    Not Applicable

Past Schools: \_\_\_\_\_

**Parent/Guardian Information** *(We must have information for all parents/guardians in order to process your request):*

Parent/Guardian(1): \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address (if different than above): \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Parent/Guardian(2): \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address (if different than above): \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**Household Information:**

Number of dependents: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_ School/Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_ School/Employer: \_\_\_\_\_

