



# SCHOLARSHIP APPLICATION

**AYS scholarships are awarded based on financial need. Please complete all sections and postmark by August 30th.** This is not a request for credit and no credit reporting agency will be contacted during the evaluation of this application. All financial information will be kept strictly confidential by the Anchorage Youth Symphony.

**AYS MEMBER APPLICANT:**

**1. PARENT OR LEGAL GUARDIAN**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

E-mail: \_\_\_\_\_

ARE YOU A FULL TIME STUDENT? \_\_\_\_\_

WHAT SCHOOL OR INSTITUTION DO YOU ATTEND?  
\_\_\_\_\_

**2. SPOUSE**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ARE YOU A FULL TIME STUDENT? \_\_\_\_\_

WHAT SCHOOL OR INSTITUTION DO YOU ATTEND?  
\_\_\_\_\_

**3. PLEASE LIST ALL DEPENDENTS (including AYS student applicant. Use additional page if needed)**

NAME	AGE	RELATIONSHIP TO PARENT OR GUARDIAN NAMED ABOVE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. PLEASE LIST ALL SOURCES OF INCOME AND THEIR AMOUNTS (examples: Alaska Permanent Fund Dividends, public assistance, child support, unemployment compensation, student loans)**

SOURCE	AMOUNT (annually)
_____	\$ _____
_____	\$ _____
_____	\$ _____

**5. PLEASE LIST ANY FINANCIAL HARDSHIP SUCH AS LOSS OF JOB OR ILLNESS THAT MAY NOT BE EVIDENT ON THIS APPLICATION.** \_\_\_\_\_  
\_\_\_\_\_

6. Parent or Guardian Signature \_\_\_\_\_ DATE: \_\_\_\_\_

Mail to: Anchorage Youth Symphony  
P.O. Box 240541  
Anchorage, AK 99524  
DUE AUGUST 30, 2009