

The Marin Symphony Youth Programs

4340 Redwood Highway, Suite 409C, San Rafael, CA 94903 (415) 479-8100

SCHOLARSHIP APPLICATION

Application for (please check)

- OVERTURE
- CRESCENDO
- MSYO

Date: _____

STUDENT INFORMATION

Name: _____

Instrument: _____

Telephone: _____

Email Address: _____

Address: _____

City _____ Zip: _____

Years of Study: _____

School: _____

School Music Instructor: _____

Private Music Instructor: _____

Telephone: _____ Email: _____

Address: _____

City/Zip: _____

PARENT/GUARDIAN INFORMATION (FILL OUT AS APPROPRIATE)

Mother's Name: _____

Address: _____

City/Zip: _____

Phone (H): _____ (W): _____

Email Address: _____

Occupation _____

Employer _____

Father's Name: _____

Address: _____

City/Zip: _____

Phone (H): _____ (W): _____

Email Address: _____

Occupation _____

Employer _____

Number of other children or dependents in household

Significant financial
expenses _____

Other student extra curricular activities or
expenses _____

Number of children in Marin Symphony Youth Programs

Annual Family Income _____

Amount of scholarship funds requested _____

Please explain further information about your financial needs: