

Sing Your Song, Inc. ("SYS") How to Apply for a Financial Scholarship Application – For SDMT Academy Participants

(NOTE: All information will be kept confidential between Sing Your Song, Inc., the applicant and his/her/their parents)

Sing Your Song, Inc. is a non-profit organization whose mission statement is to provide financial assistance to young Performing Arts Students, who demonstrate a need. Sing Your Song was created so that young people could participate in youth musical theatre classes, camps, and shows and be able to have a positive experience in the Performing Arts.

SYS is financially supported by the generous donations from community members, businesses and corporations, and provides scholarship funding for at-risk, disadvantaged or special needs youth to attend Youth Musical Theatre classes, workshops or productions. Full, half and partial scholarships are awarded based on financial need and space availability in the class. We are excited to announce this special opportunity! Students between the ages of 5 and 20 are invited to apply for a financial scholarship with Sing Your Song, Inc.

Applicants must turn in the following to be considered for this scholarship:

- 1. Completed application
- 2. Student statement of interest
- 3. Parent/guardian explanation of current financial situation

The <u>student statement of interest</u> should be as follows:

- A paragraph (or two) that tells us how you heard about SDMT Academy and why you want to attend one of their classes, workshops or productions.
- It should include reasons for applying for the scholarship.
- Please list other activities or youth organizations that you have participated in, and provide examples that demonstrate your commitment to activities over time.
- Remember that we want to hear your own unique ideas and words, please make sure the statement that you submit is your own work.

Please scan (or take a picture) of the documents and email the completed application to my attention at: julia@singyoursong.org.

We hope that you will take advantage of this great opportunity! Please feel free to contact me if you have questions about the scholarship, or the application process.

Sincerely,

Julia Querin, President Sing Your Song julia@singyoursong.org (858) 395-2734



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Application Form 2020

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Name of applicant		_
Birth date of applicant	Current Age	
Home address		
City	Zip	
Home phone	Cell phone	_
Email Address		_
Has applicant participated	in musical theatre classes/productions? YES NO	
If yes, please list		_
• •	nancial scholarship before? YES NO	_
	ance requested: \$	_
	ance: (for example: workshop fees, production fees, master class	s fee, etc.)
Name of Production/Work	sshop/Class, etc.:	
Mother/Guardian's Name	::	_
Home address		
City	Zip	
Email		
Work Phone	Cell Phone	
Father/Guardian's Name:		_
Home address		
City	Zip	
Email		<u> </u>
	Cell Phone	

Sing Your Song, Inc. ("SYS") Financial Scholarship Application

PARENT/GUARDIAN EXPLANATION OF CURRENT FINANCIAL SITUATION

[Please answer completely and honestly.]

Please briefly describe your finance	cial situation, or any special circumstances that should be considered.
I, (print name)	verify that the information submitted is
accurate and complete to the be	st of my knowledge.
Parent/Guardian Signature	

Sing Your Song, Inc. Financial Scholarship Application Application Packet Checklist (please check all that apply):

 application form
 student statement of interest
 parent/guardian explanation of current financial situation
 student's current report card

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