

2023-2024 WILMINGTON SYMPHONY YOUTH ORCHESTRAS

Please return this form to:
Wilmington Symphony Orchestra
5032 Randall Parkway
Wilmington, NC 28403

Dear Applicant:

Thank you for your interest in the Wilmington Symphony Orchestra (WSO) Scholarship Program. **The WSO offers scholarships to students based on financial need.** To be considered for a scholarship, please complete and return this application form along with all the required documentation when registering for any WSYO Ensemble(s). Funds utilized for the Scholarship Program come from donors who subsidize your child's music education. Donors have entrusted these funds to the WSO to assist motivated students who, for financial reasons, would otherwise be unable to participate in the WSYO Ensemble programs. Since the fund is dependent on donor contributions, the pool of monies available for students fluctuates from year to year. As a result, the percentage of support awarded to your child may change from one year to the next. The amount of a scholarship is determined by a sliding scale, which considers household size and income.

SECTION I: PERSONAL INFORMATION

Student Name: _____

Ensemble: Youth Orchestra Junior Strings Rockestra

Student Email: _____ Student Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Parent/Guardian: _____ Ms. Mrs. Mr. Dr.

Employer: _____ Email: _____

Primary Phone: _____ Cell Home Work

Secondary Phone: _____ Cell Home Work

Address: _____ City: _____ State: _____ Zip: _____
(if different than student's address)

Parent/Guardian: _____ Ms. Mrs. Mr. Dr.

Employer: _____ Email: _____

Phone: _____ Cell Home Work

Address: _____ City: _____ State: _____ Zip: _____
(if different than student's address)

Please return this form to: Wilmington Symphony Orchestra, 5032 Randall Parkway, Wilmington, NC 28403
Questions? Please call (910) 791-9262 or email shelly@wilmingtonsymphony.org
www.wilmingtonsymphony.org

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SECTION II: FINANCIAL INFORMATION

Please complete all entries. If not applicable, please mark N/A. ALL INFORMATION entered is kept completely confidential.

REQUIRED: In order to assess financial aid eligibility, please provide the following:

- Number of members in your immediate family: Adults _____ Children _____
- Parent/Guardian #1 total yearly Adjusted Gross Income: \$ _____
- Parent/Guardian #2 total yearly Adjusted Gross Income: \$ _____
- Do you have household income from other sources such as Rental Income, Child Support or Alimony or other income? Yes No
- Are there any other compelling financial circumstances to consider? Please provide below some narration of your current situation – it is helpful to provide us with a full understanding of what is going on in your family.