

New World Youth Orchestras
Program Assistance Grant Application

To be completed by applicant and parent or guardians

A sum of money is set aside each year to assist participants who might otherwise be unable to participate in specific events. If you would like to apply, please fill in the information requested below and return the form to the Executive Director. The Board of Directors ensures confidentiality.

Name(s) of participant:

Telephone: (_____) _____

Address:

City: _____ **State:** _____

Zip Code: _____

Date of Birth: _____ Grade in School: _____

Years in NWYO: _____

Requesting program assistance for (please circle all that apply):

Tuition Fees Retreat

Fee or Cost of Event \$ _____ Amount you are able to pay \$ _____

Are there any special circumstances you wish the Board to consider?

Number of dependents: _____

Ages: _____

Total family income from all sources (please circle):

Under \$10,000 \$10,000 - \$15,000 \$15,000 - \$20,000

\$20,000 - \$30,000 \$30,000 - \$40,000 Over \$40,000

Due to limited funds each year, families must apply each season.

This is only an application. You will be notified in writing.

Signature of parent or guardian:
