

# Youth Orchestras of Lubbock

## APPLICATION FOR **EMERGENCY** NEED-BASED SCHOLARSHIP

- § The information in this application will be reviewed by the Scholarship Committee of the YOL Board of Directors and will be held in the strictest of confidence. Emergency aid is offered for students who need help paying for tuition after the start of the season and who were ineligible for the opening season aid package, or who did not need to apply at that time for aid.
- § Our funds are limited, and this application is needed to insure that the funds are allocated on basis of need.
- § This form is to be filled out by the parent/guardian responsible for the support of the student.
- § Please submit form to: Youth Orchestras of Lubbock, PO Box 64036, Lubbock, TX 79464.
- § Emergency Aid applications are only for partial aid. You may receive less aid than your request.
- § Note that submitting this form does not guarantee the eligibility and/or that the applicant receives the applied scholarship.
- § **§ Program Participation is contingent upon having all Tuition paid in full by the day of Retreat unless otherwise arranged via auto-payment contract plan or Financial Aid application. This form will suspend auto-pay and installment plans once submitted awaiting approval, you will be notified when a decision is made.**

### **Please select one of the following:**

We are applying for a Partial Scholarship of:

\_\_\_\_aid for 90% of Tuition      \_\_\_\_aid for 75% of Tuition      \_\_\_\_aid for 50% of Tuition      \_\_\_\_aid for 25% of Tuition

For student(s) in the following orchestra(s): *(Please indicate number of students in each orchestra or program.)*

\_\_\_\_Symphony      \_\_\_\_Philharmonic      \_\_\_\_Prelude Strings      \_\_\_\_Music Ambassadors or Chamber Programs

### **Check List of Enclosed Items in Order of Presentation**

- Completed Scholarship Application Form (this form pages 1-2)
- Copy of any bills you feel are pertinent or contributing to the emergent financial need.
- Copy of the first page of both parents'/guardians' most recent tax return forms with any social security numbers redacted/blacked out.  
OR submit copies of Monthly paystubs for both parents for the entire previous month.
- Cover letter from a parent/guardian containing the brief reasons why the emergency financial support is necessary and how the students will benefit by attending YOL
- Recommendation letter from a person who has worked with the student and is qualified to tell of the student's musical skills and state of readiness for the YOL program. The recommendation letter must be personally dated and signed by the person making the recommendation (Printing out e-mail recommendations will not be accepted). The attached recommendation form can be used if so desired. This letter should be mailed (or e-mailed) directly to YOL at [info@youthorchestrasoflubbock.org](mailto:info@youthorchestrasoflubbock.org) (page 3)

### **Mailing Address:**

Youth Orchestras of Lubbock  
P.O. Box 64036  
Lubbock, TX 79464

Office Address: 5919 W. 50th St in Lubbock, Suite C.

Phone/Text: 806-416-3735.

APPLICATION FOR **EMERGENCY** NEED-BASED SCHOLARSHIP

Main Contact E-mail (Required): \_\_\_\_\_

Student's Name (or Names if siblings) in YOL: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (home or cell): \_\_\_\_\_

Text Number (if any): \_\_\_\_\_

Name of a Parent/Guardian Responsible for the financial support of the student: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (home or cell) : \_\_\_\_\_

Name of Another Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (home or cell): \_\_\_\_\_

Additional emails or phones to reach you: \_\_\_\_\_

Number of Family Members in the YOL Program: \_\_\_\_\_

Private Teacher's Name and Telephone Number: \_\_\_\_\_

Estimated Adjusted Gross Income from the Most Recent Tax Return \$ \_\_\_\_\_

Total from All Monthly pay stubs from both parents (if both employed)\$ \_\_\_\_\_

- Please provide copies of last month's paystubs.
- Provide copy of bill related to the immediate or unanticipated need. (Example: medical bill, home repair bill, auto bill, etc.)

What are the primary reasons for the need of this Emergency Aid? *(Please check all that apply)*

- Auto Expense/repairs
- Job loss or Hours reduction (may include by cutback or by necessity to change to care for an extended family member)
- Medical Expense (can be for any family member living in household)
- Home Repairs
- Education-related Expense
- More than one student in program
- Other Emergent Expense (please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If you are a returning YOL Student who has previously applied for financial aid, you are not required to obtain another letter from your teacher for recommendation. You may skip the recommendation form on the next page 3 and move on to page 4. All new financial aid applicants, please give your private teacher or band director a copy of this form.*

# Recommendation Form

**Student's Name:** \_\_\_\_\_

§! Please answer the following questions in detail as much as possible,

§! Send the completed form to 'Youth Orchestras of Lubbock, P.O. Box 64036 Lubbock, TX 79464 via regular mail or

§! Send the scanned copy to [info@youthorchestrasoflubbock.org](mailto:info@youthorchestrasoflubbock.org) via e-mail or

§! This form should be submitted ASAP and a hardcopy provided to the student family for their records.

How do you know the student? (In what capacity do you know the student?)

At what level do you think the student is ready for participating in orchestral music? You can check the recent performances and programs of the YOL at <http://youthorchestrasoflubbock.org/videos/>.

How do you think the student will benefit by attending the YOL program?

Additional Comments:

Name : \_\_\_\_\_

Contact Info (phone or e-mail address): \_\_\_\_\_

Date (MM/DD/YY): \_\_\_\_\_ Signature: \_\_\_\_\_ Rev.08/18/2018