

Scholarship Application
20_____ /20_____ School Year

Thank you for your interest in the STARS Foundation's programs. We recognize that for some the cost of lessons and classes can be prohibitive. We are pleased to be able to offer scholarships for each semester. The amount of scholarship money offered in any particular year is based upon availability of funds.

Scholarships are awarded according to need-based criteria, with preference given to those families who might not otherwise be able to afford lessons. The size of each scholarship awarded will be determined based on the amount of scholarship funds available and the relative need of the family. This application form is designed to help the Board of Directors make these determinations.

All information in this application will be held in the strictest confidence.

Parent/Guardian Information

Name: _____ Email: _____

Address: _____

Phone 1: _____ Home/Cell/Work (circle one)

Phone 2: _____ Home/Cell/Work (circle one)

Participant Information

Name	Age	STARS Class(es)	Name	Age	STARS Class(es)

Income Information

Parent 1 Name: _____

Parent 2 Name: _____

Parent 1 Occupation: _____

Parent 2 Occupation: _____

Parent 1 Employer: _____

Parent 2 Employer: _____

Parent 1 Annual Salary: _____

Parent 2 Annual Salary: _____

Family Information

Parents' Marital Status: _____

Number of Children in Household: _____

List children's names and ages: _____

Please explain briefly why you are applying for a scholarship: _____

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Use the space below to provide any additional information that might assist us in making scholarship assistance decisions, including unusual medical expenses, unemployment, major business loss, limited resources, etc.

Scholarship requirements:

- 4 service hours per month, served at the direction of STARS Service Committee
- 100% attendance, with the exception of excused illness
- Compliance with all Rules and Regulations: <http://www.thestarsfoundation.org/rules---regulations.html>



Chairman Signature _____ Treasurer Signature _____

Executive Director Signature _____ Teacher Signature _____

Student Signature _____ Date _____