



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

Sing Your Song, Inc. is a non-profit organization providing financial assistance to young performing arts students who demonstrate a financial need. Sing Your Song was created so that young people throughout greater San Diego could participate in youth musical theatre classes, camps, and productions and be able to have a positive experience in the performing arts.

SYS is financially supported by generous donations from community members, businesses, corporations and foundations. Full, half and partial scholarships are awarded based on financial need and space availability in the class. Students between the ages of 8 and 18 are invited to apply for a financial scholarship with Sing Your Song.

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

1. Completed application
2. Student letter of interest
3. Parent/guardian proof of income
4. Two letters of recommendation

The student's letter of interest should be one typewritten page in length and include the following:

- How you heard about the performing arts program you are hoping to participate in and why you want to attend.
- Basic reasons for applying for the scholarship.
- A list of other activities or youth organizations you have participated in, including examples demonstrating your commitment to activities over time.

Remember that we want to hear your own unique ideas and words. Please make sure the letter submitted represents the student's own work.

Complete application packets are due two weeks before the initial tuition payment is due for your production. Applications received after this date will not be considered. Candidates must also be available for an in-person interview approximately one week after the application is submitted.

Please mail your completed application packet to:

**Sing Your Song**  
**Attn: Julia Querin**  
**PO Box 270876**  
**San Diego, CA 92198**

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](mailto:julia@singyoursong.org)  
(858) 395-2734

## **Sing Your Song Scholarship Application Application Packet Checklist**

- \_\_\_ application form
- \_\_\_ student's letter of interest
- \_\_\_ parent/guardian proof of income form
  - \_\_\_ Most recent federal income tax form
  - \_\_\_ three recent pay stubs
  - \_\_\_ copies of letters of federal or state benefits (Welfare, SSI, etc)
  - \_\_\_ copy of child support order and/or alimony order
  - \_\_\_ other documentation (ward of the court order, foster home placement, etc.)
- \_\_\_ two letters of recommendation
- \_\_\_ student's current report card

### **Please mail your completed application to:**

**Sing Your Song, Inc.  
Attn: Julia Querin  
PO Box 270876  
San Diego, CA 92198**

**Packet is due to Sing Your Song office two weeks before the  
production's initial tuition payment is due.**



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

**Name of applicant** \_\_\_\_\_

Birth date \_\_\_\_\_ Current Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of production applicant would like to participate in: \_\_\_\_\_

\_\_\_\_\_

Sponsoring school or organization: \_\_\_\_\_

Individual in charge of production: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Has applicant participated in other musical theatre classes/productions? YES \_\_\_ NO \_\_\_

If yes, please list \_\_\_\_\_

\_\_\_\_\_

Has applicant received a financial scholarship before? YES \_\_\_ NO \_\_\_

If yes, please list \_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

# PARENT/GUARDIAN PROOF OF INCOME FORM

[Please answer all questions completely and honestly]

Name of Parent/Guardian submitting Proof of Income \_\_\_\_\_

Please submit the following:

1. Most recent federal income tax form

**and**

2. Proof of current household income\*: (please include all that apply)

- Three recent pay stubs
- Copies of letters of federal or state benefits (Welfare, foster care payments, etc)
- Copy of child support order and/or alimony order
- Other documentation (ward of the court order, etc.)

Student's School Name \_\_\_\_\_

School Address \_\_\_\_\_ Grade: \_\_\_\_\_

Student Attends (circle one) Public School Private School Home School

If attending private school, is your child receiving financial assistance for school tuition?

Yes \_\_\_ No \_\_\_ If yes, amount of private school financial assistance \_\_\_\_\_

Does your child qualify for free or reduced lunch at school? Yes \_\_\_ No \_\_\_

Household Information: Total number of persons in household \_\_\_\_\_ How many are working? \_\_\_\_\_

Please list names and relationship to child:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's Occupation \_\_\_\_\_

Employment status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Not employed \_\_\_\_\_

Total GROSS Monthly Income \$ \_\_\_\_\_

(\*Please include documentation of ALL sources of monthly income and amounts\*)

Father's Occupation \_\_\_\_\_

Employment status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Not employed \_\_\_\_\_

Total GROSS Monthly Income \$ \_\_\_\_\_

(\*Please include documentation of ALL sources of monthly income and amounts\*)

Do you have any other financial or special circumstances/expenses to be considered? If yes, please explain.

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

I, (print name) \_\_\_\_\_ verify that the information submitted is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Sing Your Song Scholarship Application Letter of Recommendation Form 1

### **Instructions to applicant:**

Please contact an adult (other than a relative) that has worked with you in the past (such as a teacher, coach, scout leader, etc.) and ask them to write a letter of recommendation. They must fill out this form, attach it to a letter they have written, and return it to you.

You must include both letters of recommendation with your application for the application to be considered complete.

### **Instructions for Letter of Recommendation:**

You have been selected to offer your recommendation for a student applying for a Sing Your Song Scholarship. This scholarship was created so that young people (who demonstrate a financial need) can participate in youth musical theatre classes, camps, and shows and be able to have a positive experience in the performing arts.

Please return this form and your letter to the applicant by \_\_\_\_\_.

If you have any questions please contact Julia Querin at Sing Your Song at (858) 395-2734.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

The Scholarship Committee will be reviewing applications and reading all recommendations in an effort to select students that will benefit from a Sing Your Song scholarship and take full advantage of this opportunity. Your input is greatly appreciated. Please offer your insight and be sure to include your opinion, in relation to the applicant, on the following points:

- student's motivation to participate and commit to a 2-3 month program
- student's interest in the arts (theatre in particular)
- student's ability to follow direction
- student's ability to work with others
- foreseeable benefits of this scholarship for the student
- anything else you would like the committee to know!

*Thank you for your time and input!*



## Sing Your Song Scholarship Application Letter of Recommendation Form 2

### **Instructions to applicant:**

Please contact an adult (other than a relative) that has worked with you in the past (such as a teacher, coach, scout leader, etc.) and ask them to write a letter of recommendation. They must fill out this form, attach it to a letter they have written, and return it to you.

You must include both letters of recommendation with your application for the application to be considered complete.

### **Instructions for Letter of Recommendation:**

You have been selected to offer your recommendation for a student applying for a Sing Your Song Scholarship. This scholarship was created so that young people (who demonstrate a financial need) can participate in youth musical theatre classes, camps, and shows and be able to have a positive experience in the performing arts.

Please return this form and your letter to the applicant by \_\_\_\_\_.

If you have any questions please contact Julia Querin at Sing Your Song at (858) 395-2734.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

The Scholarship Committee will be reviewing applications and reading all recommendations in an effort to select students that will benefit from a Sing Your Song scholarship and take full advantage of this opportunity. Your input is greatly appreciated. Please offer your insight and be sure to include your opinion, in relation to the applicant, on the following points:

- student's motivation to participate and commit to a 2-3 month program
- student's interest in the arts (theatre in particular)
- student's ability to follow direction
- student's ability to work with others
- foreseeable benefits of this scholarship for the student
- anything else you would like the committee to know!

*Thank you for your time and input!*