

**FINANCIAL AID APPLICATION FOR OPERADELAWARE'S YOUTH OPERA PROGRAM
Summer 2009**

Please answer the following questions as accurately as possible. The number of scholarships varies year to year.

1. Name of student for which you are requesting financial aid:

2. Your name:

3. Are you the student's legal guardian?:

4. What is your relationship to student (parent, aunt, uncle, court-appointed guardian?):

5. How many adults over 21 live in this household?:

6. How many of these adults work?:

7. How many receive retirement or disability?:

8. How many children under 18 live in this household?:

9. Are any of these children emotionally, physically, or mentally handicapped?

10. How many of these children qualify for the reduced or free school lunch program?

11. Are any members of the household currently attending college?

12. If so, how many, and where?

13. Are they recipients of financial aid, or scholarships?

14. If so, which ones?

15. Would you be interested in a payment plan for your student?

16. Is your student unable to attend if she/he does not receive financial aid?

17. Please take a moment to add any information useful for assessing student's need for financial aid. Please note that no preference will be given for students with more performing or singing experience.

18. Please provide your mailing address, home phone, work phone, cell phone, and email below: