

CHAMBER MUSIC MADNESS/KAIROS LYCEUM

Application For Need-Based Scholarship

I. TO BE FILLED OUT BY STUDENT AND PARENT:

Student name:

In the space below, or on a separate sheet, please describe

- what you hope to learn from attending this summer program
- how you would contribute to the success of the program
- whatever else you would like to share about yourself or your circumstance.

II. TO BE FILLED OUT BY PERSON(S) RESPONSIBLE FOR PAYMENT:

Parent/Guardian name (s) _____

Occupation(s) _____

Place(s) of employment _____

Day / Evening phone # (____) _____

(____) _____

Email Address _____

Past aid:

Have you received financial aid from the Kairos Lyceum or Chamber Music Madness in the past? _____

If yes, how much, when, and for what program? _____

Number in household:

List total number of persons living in your house who are included in your living expenses: _____

Household income:

Include wages of All working members of the household, welfare payments, pensions, child support, alimony, unemployment, social security, investments, interest and any other income.

Annual gross income: _____

Awards are based on total income and number in household. If you feel you have extenuating circumstances which may have a bearing on your eligibility, please explain in the space below:

Have you contacted any other funding sources in your community? _____ If so, please list the names of those individuals or organizations and the amount, if any, they have pledged:

FESTIVAL COST:
TUITION, ROOM AND BOARD \$ _____
FAMILY CAN PAY \$ _____
OTHER FUNDING SOURCES \$ _____
FINANCIAL AID NEEDED \$ _____

I certify that all information on this application is true and accurate. I give permission for the Chamber Music Madness/Kairos Lyceum to use the student's name to fundraise for financial aid assistance.

Signature of Parent/Guardian _____ Date _____

Print Name: _____ Relationship to student _____

CHAMBER MUSIC MADNESS/KAIROS LYCEUM DOES NOT DISCRIMINATE IN ITS ADMISSIONS OR EMPLOYMENT POLICY ON THE BASIS OF RACE, GENDER, SEXUAL ORIENTATION, DISABILITY, RELIGION, CREED, OR NATIONAL ORIGIN.

RETURN THIS FORM TO:
Chamber Music Madness/Kairos Lyceum
P.O. Box 27164
Seattle, WA 98165

~ALL INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL~