



Scholarship & Low Income Application

Please complete **1 (one)** application for **each family member** applying for the scholarship.

1. Applicants Name _____ Age _____
2. Legal Guardian's Name _____
3. Address _____
4. Email Address _____
5. Primary Contact #: _____ Secondary Contact #: _____
6. Number of children in family including applicant _____
7. Number of children living at home _____
8. Number of children planning to enroll in Youth Conservatory _____
9. Number of full-time employed in family _____
10. Number of part-time employed people in family _____
11. Legal Guardian #1's employer name (be specific is self-employed) _____
Position _____
2017 Gross Annual Income (please attach current tax return, last three pay stubs or proof of government assistance) _____
12. Legal Guardian #2's employer name (be specific if self-employed) _____
Work Phone Number _____ Position _____
2017 Gross Annual Income (please attach copy of signed tax return) _____
13. Do you have a specific financial need for this scholarship? _____
How much can your family contribute to the tuition? (this must be at least \$25) _____
14. Are you applying or have you already applied for other scholarships to be used for your NOVA Youth Conservatory tuition? _____
15. Have you participated in Youth Conservatory or ROCK previously? _____
If yes, how many years? _____

PLEASE SET UP A QUICK MEETING WITH YOU, YOUR CHILD AND NOVA'S YOUTH DIRECTOR TO SUBMIT YOUR REQUEST AND BRING THE FOLLOWING:

1. **THIS SCHOLARSHIP APPLICATION**
2. **STUDENT'S LETTER**
 - Explaining why he/she wants to participate in NOVA's Youth Conservatory (if they can't write, just ask and write down your child's answer)
3. **LEGAL GUARDIAN(S) PROOF OF INCOME**
 - Please provide a copy of your most recent tax returns, last three pay stubs or proof of government assistance
4. **YOUTH CONSERVATORY REGISTRATION FORM**
 - Available at the NOVA Box Office or by contacting Youth@NOVABillings.org

** Incomplete applications will not be considered and will only be accepted with these documents attached. Scholarships are also on a first come, first serve basis so please submit them ASAP.*

**NOVA Center for the Performing Arts
2317 Montana Ave
Billings, MT 59102
(406) 591-9535
Hours: Tues-Fri, 12-6pm**

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____