

**Pearce Area Orchestra Club**  
**2023-2024 Financial Aid/Scholarship Application – San Antonio Trip**

**\*\*FORMS ARE DUE BACK NO LATER THAN Friday January 19, 2024\*\***

**General Instructions:** Please complete this form to request scholarship funds to assist with the cost of the upcoming trip to San Antonio. Students must have no outstanding balances on their account other than the final \$155 installment payment to qualify. The completed form can be emailed to [treasurer@jpearceorchestra.com](mailto:treasurer@jpearceorchestra.com) or placed into the safe in the orchestra room on or before January 19th. Scholarship amounts may be awarded for up to \$155.

**Attach a typed or written explanation** (one paragraph minimum) of your reason(s) for applying for financial aid. Please provide information that will assist the Scholarship Committee in assessing your needs; for example: recent periods of unemployment, prolonged illness, etc. Please include the amount that you currently have outstanding on your orchestra account in Presto as well as the financial aid amount you are requesting.

In addition, students may include a second paragraph describing the ways they have served the orchestra in the past. Extra hard work and commitment from a student will be given additional consideration when awarding scholarships.

The information included on this form is **strictly confidential**. It is necessary in order to ensure that our limited resources are allocated as fairly and justly as possible. The Scholarship Committee will review and consider all applications.

**Student**

Name:	
Address:	
City and Zip Code:	
Email:	
Phone number:	

**1st Parent/Guardian**

Name:	
Address:	
City and Zip Code:	
Email:	
Phone number:	
Occupation:	
Employer:	
How long?	

**2nd Parent/Guardian**

Name:	
Address:	
City and Zip Code:	
Email:	
Phone number:	
Occupation:	
Employer:	
How long?	

**Please circle one:** I am/am not eligible for free/reduced lunch. If applicable, I agree to allow release of free /reduced lunch information from the Pearce Counseling Department to the PAOC Scholarship Committee.

**Please sign below:**

Student	Parent(s)/Guardian(s)	Date