**501.3c Tax Exempt Organization**

**c/o SLHS Choral Department 11400 South Lakes Drive Reston, VA 20191**

<**slhschorus@gmail.com**

PCA Student Scholarship Application for Spring Trip 2015

(STRICTLY CONFIDENTIAL)

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_\_\_\_**

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / CELL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/S EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1 Please provide names of three fundraisers you have/will participate in during the year to help the PCA raise $

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Briefly explain below your financial need which requires assistance.

 (This information will be kept in strictest confidence).

3 For a Spring Trip Scholarship: Please have your student write a brief paragraph describing why she/he deserves to receive a scholarship for this year’s trip. **Attach the paragraph to this application when you submit your request.**

4 Payment due at time of application is $100.00. A payment schedule will be provided to students before November 15th, 2014 with remaining scheduled payment dates.

Thank you for making an application for a PCA Student Scholarship.

**The PCA Chorus Boosters try to assist as many students as possible each year to meet their financial obligations to the Choir. Please return this form directly to Mrs. Gigliotti in the Chorus Room, or mail it to the address listed above. You will be notified by telephone and/or e-mail when a decision has been made. First received, first considered!**