



Encore! Scholarship Application

Singer's name: _____

Parent/Guardian name(s): _____

Address: _____

Email Address: _____ Phone Number: _____

Number living in household: _____ Single parent household: Yes No

Yearly gross income (combine all sources for last 12 months): _____

Unusual expenses or circumstances:

- All information on this form is kept confidential.
- Scholarships are determined on the basis of financial need, unusual expenses, and/or special circumstances. They are awarded by the Scholarship Committee of the NYC Board of Directors.

I verify that all of the information included on this form is accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____

Submit applications to office@northfieldyouthchoirs.org, or via postal mail to:

NYC Scholarship Committee

PO Box 460
Northfield, MN 55057