



**Icicle Creek Music Center
2010-11 Scholarship Application
Icicle Creek Youth Symphony**

Please return with application form. Scholarships are awarded on the basis of need and all applications are confidential. The Icicle Creek Music Center does not discriminate on the basis of race, color, national or ethnic origin.

STUDENT NAME _____ AGE _____

PARENT NAME(S) _____

ADDRESS _____
Street City State Zip

PARENT'S INFORMATION:

FATHER:

EMPLOYER _____

GROSS INCOME \$ _____

MOTHER:

EMPLOYER _____

GROSS INCOME \$ _____

STUDENT:

EMPLOYER _____

GROSS INCOME \$ _____

Turn Page Over →

ASSETS:

HOME: _____ Rent _____ Own

Monthly Mortgage/Rent \$ _____

SAVINGS/MONEY MARKET/INVESTMENTS:

PLEASE EXPLAIN WHY SCHOLARSHIP HELP IS NEEDED:

SIGNED: _____
Parent/Guardian

DATE: _____

SIGNED: _____
Student

DATE: _____

Please return completed form to:

Icicle Creek Music Center
PO Box 2071
Leavenworth, WA 98826