



**Scholarship Application**

[www.studentsrockfoundation.org](http://www.studentsrockfoundation.org)

Mail completed application to:  
P.O. Box 756, Berkeley, CA 94701-0756 (510) 215-0637 / fax (510) 524-1016  
Or email scanned form to: [info@studentsrockfoundation.org](mailto:info@studentsrockfoundation.org)

Date \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Applicant's Address** \_\_\_\_\_

Applicant's School or Place of Work \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

E-mail of Applicant \_\_\_\_\_ @ \_\_\_\_\_

Estimated annual household income \_\_\_\_\_

**If under 18, or if older but not self supporting, please provide for each parent/guardian:**

Name #1 \_\_\_\_\_ #2 \_\_\_\_\_

E-mail address #1 \_\_\_\_\_ @ \_\_\_\_\_ #2 \_\_\_\_\_ @ \_\_\_\_\_

Place of work #1 \_\_\_\_\_ #2 \_\_\_\_\_

**Please state the reason you need a scholarship at this time, including the financial basis for making this application (explain any extraordinary expenses):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provider of program you wish to attend:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Session Date & Time:** \_\_\_\_\_

**Program cost \$** \_\_\_\_\_

**Amount you & your family can afford to contribute towards the program fee \$** \_\_\_\_\_

**Briefly describe applicant's interest in participating in the performing arts program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list all prior scholarships received from Student Rock Foundation:**

(Program) \_\_\_\_\_ (Dates) \_\_\_\_\_

(Program) \_\_\_\_\_ (Dates) \_\_\_\_\_

(Program) \_\_\_\_\_ (Dates) \_\_\_\_\_

Check here if your answer to any question is continued on an additional page. (\_\_\_\_)

**Certification:**

I certify that the information contained in this scholarship application is true and accurate and that I will use any scholarship monies received from Students Rock Foundation solely for the purpose of attending the class & program described in this application. I further understand that if I do not attend the program or comply with the program rules that I must reimburse Students Rock Foundation for any monies not refunded by the program.

X \_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

#1 \_\_\_\_\_ #2 \_\_\_\_\_  
Parent/Guardian signatures, if applicant under age 18