



Yellow Springs Youth Orchestra Association

Summer Camp Scholarship Application

This is a request for a scholarship from the Yellow Springs Youth Orchestra Association. This application must be approved by the YSYOA Board of Directors. Please return to YSYOA, P.O. Box 4, Yellow Springs, Ohio 45387.

Date requested: _____ Amount requested: _____

Student name: _____

Parent/Guardian: _____

Address: _____

Phone: _____

Email: _____

Additional comments: _____

*****For Board Use Only*****

Date submitted to Board: _____

- Approved Amount: _____
- Revisions needed

Request for further data/information: _____

- Declined Reason(s): _____
- Requestor advised date: _____ by _____