



Scholarship Application

Name of Applicant: _____

Choir (circle one): Sola Bella Prima

Email: _____

Phone: _____

School: _____ **Years in Choir:** _____

If you require financial assistance, please provide your request in writing to Dr. Folta stating your financial need. Please note that all scholarship requests must be approved by the Voices of the Valley Board of Directors. Scholarships are decided on an individual basis. Based on the amount approved by the Board of Directors, parents will be expected to pay the remaining balance of their child's tuition. Failure to do so may prevent scholarship opportunities and membership in VOV in the future. Payment plans are also available and can be arranged with our VOV staff.

Scholarship recipients are expected to:

1. Make a year-long commitment to Voices of the Valley.
2. Attend all performances.
3. Attend all rehearsals including the dress rehearsal.
4. Comply with rehearsal attendance expectations.
5. Comply with all behavior expectations during rehearsals and events

Please state below your financial need for scholarship:

Applicant Signature: _____ **Date:** _____