

# Allegro Choral Academy Scholarship Application



Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Gross Household Annual Income: \_\_\_\_\_

Number of minor dependents: \_\_\_\_\_

Do you have any other children auditioning for the Allegro Choral Academy? If so, who?

Please list any information that will help us determine how this experience will benefit your child, including an *explanation of your current financial situation*:

I acknowledge that the above information is correct,

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

*Allegro Choral Academy  
P.O. Box 241325  
Apple Valley, MN 55124  
(952)846-8585*