

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*

Information contained in the Allegro Choral Academy Scholarship Application form shall be kept confidential.
The Allegro Choral Academy does not discriminate based on gender, race, religion or sexual orientation.