

# Wabash Valley Youth Symphony Financial Assistance Application

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

Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Email \_\_\_\_\_ Instrument \_\_\_\_\_

Please explain why you feel that the applicant should be eligible for financial assistance:

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If WVYS is unable to provide full aid, would partial aid make it possible for the applicant to participate?

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

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Amount approved \_\_\_\_\_ Date \_\_\_\_\_ Approved by (staff) \_\_\_\_\_