

BEND POPS ORCHESTRA

**Application for Scholarship**

<b>1. Name</b>	
<b>2. Street Address</b>	
<b>3. City, State, ZIP Code</b>	
<b>4. Telephone</b>	
<b>5. E-Mail Address</b>	
<b>6. Instrument</b>	
<b>7. Projected Need</b>	Short Term <input type="checkbox"/> Long Term <input type="checkbox"/>
<b>8. Requested Amount of Monthly Assistance</b>	
<b>9. Amount You Will Pay</b> (Term dues* minus box 8)	

\*Term dues vary. See the treasurer regarding current term dues.

**What do you want the Scholarship Committee to know about you and your request?**

**I have read and accepted the terms of the BPO Scholarship Policy.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date