



## Scholarship Application

Date \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Gender: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Ethnicity (optional):  African American  Asian/ Pacific Islander  Caucasian

Hispanic/ Latinx  Native American  Other \_\_\_\_\_

Are you a current member of BRMAA?  Yes  No

Class(es) for which scholarship is requested: \_\_\_\_\_

Reason for Scholarship: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

List any other sources of income: \_\_\_\_\_

List any other scholarships applied for: \_\_\_\_\_

If scholarship recipient is a minor, what are the Parent/Guardian name(s): \_\_\_\_\_

I certify that all information on this application is true and accurate to the best of my knowledge. I understand that if false information is provided, the scholarship will be revoked, and no future scholarships will be awarded to me or any family member. I affirm the amount of this program/workshop poses an unmanageable financial burden for my family and if not awarded a scholarship, we would be unable to participate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian's Signature (if applicable)

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**For Office Use Only**

Approved by: \_\_\_\_\_ Final Scholarship Amt: \_\_\_\_\_

Notes: RT ( ) \_\_\_\_\_

07/28/23