



SYAC 2025 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)

For Office Use Only

Approved by: _____ Final Scholarship Amt: _____

Notes: _____