



SVST CONSERVATORY

2024 Scholarship Request Form

SVST offers a limited number of Conservatory scholarships each year up to 75% of tuition. These scholarships are need-based only and intended for those who would not be able to attend the camp without financial assistance.

Child's Full Name: _____

Child's Age/Grade in School: _____

Camp interested in (course title): _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Household Income (Please check one):

_____ \$0 - 25,000 _____ \$25,000 - 45,000 _____ \$45,000 - 65,000 _____ \$65,000+

Scholarship Assistance Requested (Please check one):

_____ 25% _____ 50% _____ 75% _____ Other

Are there any other considerations the scholarship committee should consider that may affect your ability to afford the tuition? If yes, please explain here:

I certify, to the best of my knowledge, that the above information is complete and accurate. I understand that financial assistance is based on need. I agree that if I need to cancel my child's enrollment in the program I will do so immediately so that the assistance can be provided to other applicants.

Signed by Parent/Guardian: _____ Date: _____

**Email completed form to SVST Production Manager
Collin Pittmann: collin@icsvpac.com**