



COMMUNITY ORGANIZATION SCHOLARSHIP APPLICATION

Please type or print clearly.

Today's Date: _____

Organization: _____

Address: _____

City/State: _____ Zip: _____ + _____

Phone: _____ Fax (if applicable): _____

Email: _____ Website: _____

Main Contact: _____ Signature: _____

Secondary Contact (please include their contact information): _____

Please explain why your organization is in need of a scholarship and include any extenuating circumstances:

For which program(s) are you requesting a scholarship? _____

Amount Requested

(note: 50% of posted program fee is average. If a program fee is not posted, please tell us how much you can contribute.): _____

Please Return to:

Central City Opera
400 S. Colorado Blvd, Ste. 530
Denver, CO 80246
Attn: Education

You may also email the completed application to education@centralcityopera.org.