



SCHOOL SCHOLARSHIP APPLICATION

Please type or print clearly.

Today's Date: _____
School: _____
Address: _____
City/State: _____ Zip: _____ + _____
District: _____ School Phone: _____
Email: _____ Fax: _____

Faculty Contact: _____ Signature: _____
Principal: _____ Signature: _____

Percentage of students at your school on Free/Reduced Lunch Program: _____
And / or Title One status: _____

Please explain why your school 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.