



# COMMUNITY ORGANIZATION SCHOLARSHIP REQUEST

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Signature: \_\_\_\_\_

Administrator: \_\_\_\_\_ Signature: \_\_\_\_\_

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% is average): \_\_\_\_\_

How many people would benefit from this scholarship? \_\_\_\_\_

Please Return to:  
Opera Colorado Education & Community Engagement  
4121 S Navajo St #100  
Englewood, CO 80110  
[education@operacolorado.org](mailto:education@operacolorado.org)