



# SCHOOL SCHOLARSHIP APPLICATION

School: \_\_\_\_\_

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

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

District: \_\_\_\_\_ School Phone: \_\_\_\_\_

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

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

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

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

Please Return to:  
Opera Colorado Education & Community Engagement  
4121 S Navajo St #100  
Englewood, CO 80110

\*In addition to this application, we would appreciate a letter from your principal or other administrator indicating your school's need for assistance.