



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 Programs
695 S. Colorado Blvd., Ste. 20
Denver, CO 80246
education@operacolorado.org