



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 Programs
695 S. Colorado Blvd., Ste. 20
Denver, CO 80246

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