



SCHOLARSHIP APPLICATION

Application Forms should be filled out by a parent or guardian.

ITEMS MARKED WITH AN ASTERISK (*) ARE REQUIRED. ITEMS NOT MARKED SHOULD BE COMPLETED ONLY IF THEY DIFFER FROM THE PREVIOUS CONTACT INFORMATION FOR THE APPLICATION

PARENT FIRST / LAST NAME: _____

STUDENT NAME: _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

EMAIL ADDRESS _____

PHONE NUMBER 1 (MOBILE): _____

PHONE NUMBER 2 (HOME): _____

PLEASE PROVIDE THE ABOVE INFORMATION **ALONG WITH THE FIRST PAGE (ONLY) OF THE PARENT APPLICANT'S TAX RETURN WITHOUT THE SOCIAL SECURITY NUMBER.**

OPTIONS FOR SUBMITTING SCHOLARSHIP INFORMATION ARE:

OPTION 1: Send the above information in an email to: mountainside@mountainsidebaroque.org, with the tax form scanned as an attachment.

OPTION 2: Complete this form and scan it along with the tax form and **email** to mountainside@mountainsidebaroque.org.

OPTION 3: **Mail** all materials to: Mountainside Baroque, PO Box 3143, LaVale MD 21504.