

**BCYO STUDENT SCHOLARSHIP FORM  
APPLICATION 2010-2011**

Please print

Student name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

TOTAL household income: \_\_\_\_\_

Number in family (include adults): \_\_\_\_\_

Special circumstances such as major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc. (please give a brief description):

---

---

---

---

Please include a copy of your 2009 Federal Income Tax Return 1040 which includes name, address, earnings and number of dependants and mail to the Battle Creek Youth Orchestra, PO Box 846, Battle Creek, MI 49016. Please cross out all social security numbers on the Tax Return.