

Opera Naples

Youth Sponsorship Program

The Opera Naples Youth Sponsorship Program enables youth to participate in Educational Programs offered by Opera Naples. Financial scholarships provide full or partial tuition to selected applicants who demonstrate an interest and/or ability in music and/or drama, and who may be, because of financial restrictions, otherwise unable to participate in Opera Naples' offered programs.

Eligibility: Applicants must be between the ages of 7 and 18, and they must be residents of Collier or Lee counties.

Application Process: Complete all sections of the forms, truthfully, and return to Robin Frank at RFrank@operanaples.org. Each applicant must have his/her own application.

Application Requirements:

- General Form
- Letter of Support: to be filled out by parent/guardian
- Letter of Recommendation (optional): to be submitted by teacher, instructor, or another adult who has worked closely with the applicant.

Questions about Opera Naples Youth Sponsorship Program:

contact Robin Frank at rfrank@operanaples.org or 239-963-9050.

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General Form **(to be filled out by applicant)**

Applicant's Name _____ Age _____

Parent's/ Guardian's Name(s) _____

Phone _____ E-mail _____

Home Address: _____

In the space below, briefly describe your experiences in studying and performing music and/or theater. If you have not had any experiences, write about why you would like to participate in classes and rehearsals that explore these art forms.

What do you hope to learn from your participation with Opera Naples?

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Letter of Support (filled out by Parent or Guardian)

As much as we would like to award full scholarships to all applicants, we may offer partial scholarships to allow us to assist as many families as possible. Please indicate your level of need:

☐ Based on my financial need, my child cannot attend the program without a full scholarship

☐ A partial scholarship could enable my child to participate in the program

Please give your reasons for requiring sponsorship for Opera Naples educational programs. Include factors, such as health or employment, which should be taken into consideration to strengthen this application. Use the space below.

Please check the appropriate box to indicate yearly family income.

- ☐ Under \$40,000
- ☐ \$40,000-\$60,000
- ☐ \$60,000-\$80,000
- ☐ \$80,000-\$100,000
- ☐ \$100,000-\$120,000
- ☐ Over \$120,000

Number of children in family _____

Currently employed? YES NO

If yes, list place of employment:

Single parent? YES NO

If no, is spouse currently employed? YES NO

If yes, list place of employment of spouse:

The information given above is truthful and accurate. All information will be kept confidential.

Parent's/ Guardian's Signature: _____

Date: _____

Applicant's Name _____