



DENVER CENTER
FOR THE
PERFORMING ARTS

THE BOBBY G AWARDS

Request for Financial Assistance with the Registration Fees for **The Bobby G Awards**

School Name:

School Representative Name:

Amount of aid requested: \$

Amount of registration fee able to contribute financially: \$

Title 1 school: ☐ Yes ☐ No

Please explain why your school should receive special consideration and scholarship for the Bobby G awards:

By signing below I acknowledge that the information above is true and accurate.

Signature of Authorized School Representative

Date

Printed name of Authorized School Representative

Title

For Bobby G Awards Office Use Only:

☐ Request for Aid has been Accepted as Stated Above*

☐ Request for Aid has been Accepted as Stated Below *

☐ Request for Aid has been Denied

Signature of Authorized Bobby G Representative

Date

Printed Name of Authorized Bobby G Representative

Title

*If accepted please remit registration fees in the amount approved by check to the Bobby G Awards as soon as possible.