

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Scholarship Amount Awarded: \_\_\_\_\_

Application Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Parent/Guardian E-mail: \_\_\_\_\_

Best time to contact you:  Daytime  Evening      Best phone to reach you:  Home  Cell  Work

**Please indicate what scholarship funds are needed for:**

Private lesson(s)

Instructor & Instrument: \_\_\_\_\_ Lesson duration:  35 mins.  55 mins.

Instructor & Instrument: \_\_\_\_\_ Lesson duration:  35 mins.  55 mins.

Group class(es): \_\_\_\_\_

*All personal information you provide will be kept strictly confidential.*

Annual household income:  \$0-\$15,000       \$15,001-\$25,000       \$25,001-\$35,000       \$35,001-\$45,000  
 \$45,001-\$65,000       \$65,001-\$85,000       \$85,001-\$100,000       >\$100,000

What amount are you able to contribute toward the tuition cost each semester? \_\_\_\_\_

Please explain your situation and why a scholarship is needed for your student. If more space is needed, please use the back of this form.

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Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

