



SCHOLARSHIP APPLICATION

1. STUDENT INFORMATION

Student Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Why are you interested in learning an instrument?

How much time will you put aside for practice each week?

Can you play any instruments already? If yes, where did you learn and how long have you been playing?

2. PARENT/GUARDIAN INFORMATION

Name: _____

Address (if different from student): _____

Phone Number(s): _____
HOME CELL WORK

Email Address: _____

Relationship to student: _____

Is the student eligible for the free or reduced lunch program at school?: *

YES

NO

Please provide the following information:

Monthly household income: _____

Number of people in your household: _____

Are there any special financial reasons why the student needs a scholarship? Please explain. You may use an additional page if needed:

** PLEASE NOTE: Scholarship Applications must be returned to SCM with either proof of eligibility for free or reduced lunch at school (a letter can be provided by your school's administrative office) OR proof of the financial status of your family (W2 forms, etc.). Applications received without these documents will not be eligible for review.*

Learning to play an instrument takes time and commitment. Students must be able to make a commitment to their lessons. This means that students must care for their instrument, practice regularly and be on time for lessons. Can you help the student to meet these commitments?

Yes, I can help the student to meet these commitments.

Signature of Parent or Guardian

Date