



## Abilene ISD Supplemental Music Lesson Program Scholarship Application

(to be completed by student and parent and returned to campus director)

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

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

I am applying for a music scholarship for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want to study privately because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that being awarded a music scholarship is a privilege. I will do my best to earn that privilege by being a responsible ensemble member. I commit to do the following things: practice, attend all performances, be present for all required rehearsals, remain academically eligible, and participate in all fundraising activities. I realize that my failure to adhere to this commitment may result in the forfeiture of this scholarship.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that a music lesson scholarship is a privilege. I will see that my child takes full advantage of this opportunity. I realize that the money to provide scholarships is derived from fundraising efforts. I recognize that one factor in the allocation of scholarship awards is the student's commitment to the program. I have read the student agreement above and will help my child fulfill that commitment. I understand that I must be a member of the organization's parent-support group, and that you will send me a list of the volunteer opportunities in which I may participate.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Campus Use Only

Instructor \_\_\_\_\_

Awarded \$ \_\_\_\_\_ per lesson