



# Summer 2010 Scholarship Application

## Indian Hill Music School

Indian Hill Music School, PO Box 1484, Littleton, MA 01460 Tel. (978) 486-9524 Fax (978) 486-9844

**Summer Application Deadline: June 15, 2010**

Please fill out this form **completely** and return with a \$50 deposit. Missing information may cause your application to be delayed beyond the application deadline. Applications received after the application deadline will not be considered for an award for the current term, but may be considered for the next term. All information provided is confidential.

### I. Family Information

#### **Adult Students**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_

#### **Families with Children/Youth**

1. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_  
2. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_  
3. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_  
4. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Parents are: Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

### II. Lesson/Class Info

*For each student, please indicate instrument and lesson length for Private Lessons, or name of Class or Ensemble, and tuition cost.*

1. Lesson/Class/Ensemble \_\_\_\_\_ Tuition \_\_\_\_\_  
2. Lesson/Class/Ensemble \_\_\_\_\_ Tuition \_\_\_\_\_  
3. Lesson/Class/Ensemble \_\_\_\_\_ Tuition \_\_\_\_\_  
4. Lesson/Class/Ensemble \_\_\_\_\_ Tuition \_\_\_\_\_

### **III. Financial Information**

1. Please list all gross annual income sources:

Adult Student \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_ Father \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

2. Number of people supported by this income: Adults \_\_\_\_\_ Children \_\_\_\_\_

3. What is your monthly rent \$ \_\_\_\_\_ OR mortgage & tax payment \$ \_\_\_\_\_

4. Does your child receive free meals at school? \_\_\_\_\_ Are you eligible for food stamps? \_\_\_\_\_

5. Can you pay 75% for the tuition? \_\_\_\_\_

6. If not, what is the amount you can afford? \_\_\_\_\_

**Are there any other compelling financial circumstances for the Scholarship Committee to consider?**  
*(Please provide some narration of your current situation – it is very helpful in helping the committee members have a full understanding of what is going on in your family.)*

I hereby state that all of the above information is true and complete.

\_\_\_\_\_  
Signature of adult student or parent/guardian

### **Recipient Obligations**

- Student co-payments must be made on time in order for scholarship aid to continue.
- For continuing students, evaluations of student effort, progress, and attendance will be considered.
- All student families receiving scholarship aid are expected to volunteer from 1-8 hours per term for the School of Music, depending on the size of the grant. Your volunteer commitment of hours will be indicated along with your scholarship award in your letter of notification.
- Fall scholarship awards are based on annual tuition. Spring and summer awards are based on that semester's tuition only.

### **Application Process Checklist**

\_\_\_\_\_ Complete Scholarship Application. **Incomplete Applications cannot be processed.**

\_\_\_\_\_ If applicable, attach a separate page explaining any additional, compelling financial circumstances.

\_\_\_\_\_ Mail or fax (978 486-9844) completed application to : Indian Hill Music, PO Box 1484, Littleton, MA 01460.

\_\_\_\_\_ Include \$50 deposit with application.