



## *Scholarship Application*

The Scholarship application consists of three parts: (1) applicant information, (2) financial information, and (3) teacher recommendation forms. **TWO PEOPLE WHO KNOW THE STUDENT WELL SHOULD COMPLETE THE ATTACHED LETTERS OF RECOMMENDATION. FOR CHILDREN, TEACHERS - ONE ACADEMIC AND ONE MUSIC TEACHER, IF AVAILABLE, - SHOULD COMPLETE THE LETTERS.** It is the student or parent's responsibility to see that all items are completed and returned to the Academy. Please note that all information will be kept confidential and only be reviewed by the Scholarship Committee of the Board of Directors. Once a completed form is received, the applicant will be contacted within 30 days.

Scholarships are awarded based on available scholarship money, need and number of applicants. We endeavor to award as many scholarships as possible within these criteria. All students are eligible to apply. **The Academy of Music is a non-profit equal opportunity organization. It does not discriminate on the basis of race, nationality, ethnic origin, color, sex or religious belief in any of its scholarship awards or programs.** Awards will be deducted from the total tuition charges.

Withdrawal from lessons during the semester for any reason except prolonged illness, relocation, or other special circumstances approved by the Board of Directors will result in complete revocation of the scholarship. Withdrawals involving the above exceptions will receive awards prorated according to the number of lessons received at the date of withdrawal. No more than 2 unexcused absences will be tolerated.

Scholarship students' progress will be monitored. The Academy reserves the right to discontinue the award and lessons to any student whose work or behavior is deemed unsatisfactory. Scholarship aid is awarded only with a positive recommendation as given on the attached recommendation form.

Completed forms should be returned to:      The Academy of Music  
P.O. Box 11146  
Norfolk, VA 23517

Application Deadline is July 15<sup>th</sup>.

P.O. Box 11146 ◊ Norfolk, Virginia 23517  
Phone 757.627.0967 ◊ Fax 757.627.0535

# Scholarship Application

## Applicant Information

Full and partial scholarships are based on financial need and subject to the School's availability of funds. This application form and proof of income are required (confidentiality will be maintained). Continuation of scholarships will depend on the student's progress and fulfillment of contract conditions. Financial information must be submitted annually.

**The Academy of Music is a nonprofit equal opportunity organization. It does not discriminate on the basis of race, nationality, ethnic origin, color, sex, or religious belief in any of its scholarship awards or programs.**

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Instrument or Area of Study \_\_\_\_\_

Previous Years of Instruction \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Street Address City State Zip

Home Phone \_\_\_\_\_

**If student is under age 18, parent or guardian must complete this section:**

\_\_\_\_\_  
Mother's (Guardian) Name

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Street Address City State Zip

Employer's Phone Number \_\_\_\_\_

\_\_\_\_\_  
Father's (Guardian) Name

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Street Address City State Zip

Employer's Phone Number \_\_\_\_\_

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

# Scholarship Application

## Income Information

Income Sources (i.e. wages, social security, welfare, AFDC, child support, alimony):

1. \_\_\_\_\_ Annual Amount \_\_\_\_\_
2. \_\_\_\_\_ Annual Amount \_\_\_\_\_
3. \_\_\_\_\_ Annual Amount \_\_\_\_\_

Total Gross Income: \_\_\_\_\_

Total # Family Members: \_\_\_\_\_

If applicable, name of caseworker: \_\_\_\_\_ Phone # \_\_\_\_\_

Are there any other important financial circumstances that the Academy should consider? Please explain: \_\_\_\_\_

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

If awarded a scholarship, the student listed will agree to the following conditions:

1. The recipient will be prepared and attend all classes on time, unless a documented emergency occurs.
2. The recipient agrees to participate in any Academy activity beyond the scheduled classes.
3. In the event that a partial scholarship is awarded, the recipient agrees to pay the balance due by established deadlines.
4. If household income changes, the recipient must notify The Academy immediately.

The information I have provided is true and accurate to the best of my knowledge. I have read and agree to the conditions listed above and I understand the failure to comply with these conditions can result in the immediate suspension of my scholarship. A copy of my most recent tax and/or wage stub must be included also for this application to be considered.

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

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

For Office Use: Approved \_\_\_ Denied \_\_\_ Scholarship Committee Signature \_\_\_\_\_

# *Scholarship Application*

## Academic Studies Teacher Recommendation

The student below has applied for Financial Aid to further their musical studies. As part of the evaluation process, The Academy requires your evaluation. Please complete this form and mail to:

The Academy of Music  
P.O. Box 11146  
Norfolk, VA 23517

---

Student's Name

---

Recommender's Name

---

Street Address

City

State

Zip

Please discuss how long and in what capacity you have known this student: \_\_\_\_\_

---

---

Participation in The Academy of Music requires a high level of commitment and willingness to study and learn. Please discuss this student's level of personal responsibility, approach to study and, if known, aptitude for music below: \_\_\_\_\_

---

---

Please append any other comments you feel would be useful in considering this candidate's request for a scholarship at The Academy of Music.

**I declare that I have completed this form and to the best of my knowledge I believe it to be true, correct and complete.**

---

Signature

---

Date

# Scholarship Application

## Music Teacher Recommendation

The student below has applied for financial aid to further their musical studies. As part of the evaluation process, The Academy requires your evaluation. Please complete this form and mail to:

The Academy of Music  
P.O. Box 11146  
Norfolk, VA 23517

Name of Student: \_\_\_\_\_  
Instrument: \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
In what capacity do you know the applicant? \_\_\_\_\_  
How many years have you worked with this student? \_\_\_\_\_  
Present level of accomplishment: \_\_\_\_\_  
\_\_\_\_\_

Please evaluate the following characteristics (1 is low, 4 is high):

Musical Talent	1	2	3	4
Motivation to learn music	1	2	3	4
Commitment to musical studies	1	2	3	4
Reliability	1	2	3	4
Practice Ethic	1	2	3	4
Potential for musical growth	1	2	3	4

Please describe how this student could benefit from advanced private study. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please append any other comments you feel would be useful in considering this candidate's request for a scholarship from The Academy of Music.

**I declare that I have completed this form and to the best of my knowledge, I believe it to be true, correct and complete.**

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_