



Scholarship Renewal Form

Full and partial scholarships are based on financial need and are subject to the success of The Academy's fundraising efforts. This renewal form and proof of income are required for those seeking the continuation of scholarship benefits. Continuation is also dependent upon the student's progress and fulfillment of contract conditions. The Scholarship Committee will review this form and the Teacher Recommendation Form, which must be submitted by the teacher, before making a decision.

Please return this form to The Academy by July 15th.

Date _____ Instrument or Area of Study _____

Academy Teacher _____ Length of Lesson _____

Date of Birth _____ Grade _____

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Alternate Phone: _____

If scholarship renewal is approved, the student agrees to the following conditions:

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

Student (or Parent/Guardian, if student under 18) Signature _____

A copy of the student's most recent tax return and/or wage stub must accompany this form, unless the student is less than 18 years old, in which case the same information must be provided by the parent/guardian.

**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.**

Please return completed forms to: The Academy of Music, P.O. Box 11146, Norfolk, VA 23517
757-627-0967 757-627-0535 FAX



Teacher Recommendation Form
Please return this form to The Academy by July 15th

Name of Student: _____

Teacher's Name: _____

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

Recommended lesson length _____

Please describe any circumstances that may help concerning the continuation of this scholarship.

I believe that this student's scholarship **should** _____ / **should not** _____ be renewed.

Teacher's Signature

Date

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