



Scholarship Application - Suzuki

The Scholarship application consists of three parts: (1) applicant information, (2) financial information, and (3) teacher recommendation form. For **new** AOM families, the recommendation form must be filled out by the Suzuki Strings Coordinator and a previous or Prezuki teacher. For **continuing** AOM families, the recommendation form must be filled out by your current AOM Suzuki teacher. 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. **The application deadline is July 15.** 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

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.

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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

Phone _____

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

 Mother’s (Guardian) Name

 Employer’s Name

 Employer’s Address City State ZIP
 Employer’s Phone _____

 Father’s (Guardian) Name

 Employer’s Name

 Employer’s Address City State ZIP
 Employer’s Phone _____

Date Received: _____

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 condition 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 _____

Suzuki Teacher Recommendation Form

Please return this form to AOM by July 15

AOM Suzuki Strings scholarship students are expected to:

- participate fully in scheduled private lessons, group classes (parent and student) and recitals
- complete assignments and home practice as assigned by teachers
- complete a full year (2 semesters) of the program
- keep instrument in playable condition

Materials needed first year:

- Nurtured by Love* (may be available to borrow)
- Instrument (rent or buy. A small number may be available to borrow)
- Method book and CD (or access to downloadable music)
- *your teacher may require parent to learn fundamentals of playing

Name of student: _____

Name of parent(s)/guardian(s): _____

Name of Suzuki Coordinator: Joanna Binford

Requested instrument: _____

To be filled out by Suzuki Strings Coordinator:

Family has completed group class observation:	y	n
Family has completed private lesson observations:	y	n
Family has attended AOM recital, group class concert, community concerts, STAHR concert (Stockley Gardens Arts Festival, Bach Festival, Annual Workshop):	y	n
Family has participated in Prezuki/previous Suzuki training:	y	n

Prezuki/previous teacher fill out following:

Name of Prezuki teacher/previous teacher: _____

When/how long did family attend Prezuki/previous lessons? _____

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

Attendance: 1 2 3 4

Communication/cooperation: 1 2 3 4

Comments: _____

Please describe any circumstances that may help concerning the awarding of this scholarship:

Teacher's signature _____ Date _____

Suzuki Teacher Recommendation Form

Please return this form to AOM by July 15

Name of Student: _____

Name of Parent(s)/Guardian(s): _____

Name of Current Suzuki Teacher: _____

Instrument: _____

How long have you known/taught this student: _____

Present level of accomplishment: _____

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

Attendance at:

private lessons	1	2	3	4
group classes	1	2	3	4
recitals	1	2	3	4

Notes: _____

Home practice/lesson preparation 1 2 3 4

Musical progress/improvement/growth 1 2 3 4

Communication/cooperation 1 2 3 4

Notes: _____

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

Recommended lesson length: _____

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

Teacher's signature: _____ Date: _____