



*Making Music Matters*

## **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 will be submitted by the teacher, before making a decision.

**Please return this application by July 15!**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best phone number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Instrument: \_\_\_\_\_ Length of lesson: \_\_\_\_\_

Academy Teacher: \_\_\_\_\_

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 Academy activities 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 that failure to comply with these conditions can result in the immediate suspension of this scholarship.

Student (or Parent/Guardian, if under 18) Signature \_\_\_\_\_



## **Scholarship Renewal Financial Information**

Please provide the following:

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

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

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

Number of Family Members: \_\_\_\_\_

You may also provide a written statement of any extraordinary circumstances that the board committee should be aware of in their consideration.

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Student or Parent/Guardian Signature: \_\_\_\_\_

**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



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## Teacher Recommendation Form

Student's name: \_\_\_\_\_

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):

Ability	1	2	3	4
Motivation to learn	1	2	3	4
Reliability	1	2	3	4
Practice ethic/dedication	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.

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

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

\_\_\_\_\_  
Date

Please return completed forms to:

The Academy of Music, P.O. Box 11146, Norfolk, VA 23517  
or email to [jkeifer@aomva.org](mailto:jkeifer@aomva.org)