



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 _____



All scholarships are based on financial need and are subject to the success of the Academy's fundraising efforts. This renewal form and explanation/documentation of any change in financial circumstances 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 obtained by the office, before making a decision. This information is essential for the committee to provide fair access to funds and make the case for donations to the scholarship fund.

Date: _____

Student name: _____

Parent/Guardian name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Instrument: _____ Length of lesson: _____

Academy teacher: _____

Has your family's financial situation changed?

No, we still need assistance at the same level: _____

Yes, and we need greater assistance (please explain):

Yes, and we need less assistance (please explain what you would be comfortable with):

Student (or parent/guardian) signature: _____



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.

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