



2017-18 Philharmonic Friends Scholarship Application

PLEASE PRINT - INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR AWARDS

Student Name _____
Address _____
School Name _____ Age _____ Grade Level _____
Parent Name _____
Parent Email _____ Parent Phone _____
Primary Instrument _____ Voice _____

How long has student studied their instrument/voice? In School _____ Privately _____
Does student play a keyboard instrument? Yes No

Please list any and all private instructors: _____

Private Lesson Information:
Cost per Session _____ Length of Session _____ Frequency _____

Please list all musical organizations and/or groups in which student participates:

Yearly income of family before taxes _____ Number in family _____
Name of employer(s) _____ Position(s) _____

Does family receive Supplemental Nutrition Assistance (SNAP)? Yes No
Does family receive Temporary Assistance for Needy Families (TANF)? Yes No

Parent's statement as to why student is applying for financial assistance:

Student's statement as to why s/he has chosen to take instrumental/vocal lessons. Please use the back or attach your comments if necessary.

I, _____, (parent/guardian) state that the information submitted to the Fort Wayne Philharmonic is factual and accurate as of _____ (date). I understand that this information is confidential and will be used only for the purpose of evaluating the applicant's financial need.

Parent Signature Today's Date

I, _____, (student) agree to the terms of this scholarship.

Student Signature Today's Date

Please mail application to **(postmarked by June 1, 2017)**
Fort Wayne Philharmonic
4901 Fuller Dr.
Fort Wayne, IN 46835
Attn: Friends Scholarship Committee