

FORT WAYNE PHILHARMONIC

Andrew Constantine, Music Director



2020-21 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
Fort Wayne Philharmonic
4901 Fuller Dr.
Fort Wayne, IN 46835
Attn: Friends Scholarship Committee
(Must be postmarked by September 1, 2020)