



Scholarship Form

PARENT/GAURDIAN NAME _____

STUDENT NAME _____

EMAIL _____

PHONE _____

FULL ADDRESS _____

NUMBER OF STUDENTS IN YOUR FAMILY _____

SCHOOL ATTENDING _____

WHAT PROGRAM(S) YOU ARE INTERESTED IN (OR CURRENTLY TAKING)?

- CLASSES IN CHARLEVOIX
- CLASSES IN PETOSKEY
- CLASSES IN BOYNE CITY
- INDIVIDUAL LESSONS
- DGSP STRING ENSEMBLE

WHAT ARE YOU APPLYING TO RECEIVE ASSISTANCE FOR:

- INDIVIDUAL LESSONS
- INSTRUMENT RENTAL

WHAT INSTRUMENT DOES YOUR STUDENT PLAY? _____

PLEASE EXPLAIN WHY YOUR FAMILY DESIRES AND SHOULD BE AWARDED A SCHOLARSHIP:

AS A FAMILY DO YOU QUALIFY FOR EITHER OF THE FOLLOWING?

- REDUCED LUNCH
- FREE LUNCH

COMMENTS _____

SIGNATURE _____ DATE _____