



MUSIC SCHOLARSHIP APPLICATION

DATE _____

APPLYING FOR SCHOLARSHIP IN _____

STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

SCHOOL _____ GRADE _____ BIRTH DATE _____

LIST ANY OTHER INSTRUMENTS THE STUDENT PLAYS: _____

FAMILY INFORMATION

FATHER'S NAME or GUARDIAN #1 _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

WORK PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____

MOTHER'S NAME or GUARDIAN #2 _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

WORK PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____

NAMES AND AGES OF OTHER CHILDREN IN THE FAMILY: _____

TSWA USES ARIZONA & FEDERAL GUIDELINES TO DETERMINE SCHOLARSHIP ELIGIBILITY. BELOW ARE THE GUIDELINES TO DETERMINE WHETHER YOU QUALIFY TO APPLY:

FOR A FAMILY OF TWO:	\$26,955 PER YEAR	FOR A FAMILY OF SIX:	\$54,631 PER YEAR
FOR A FAMILY OF THREE:	\$33,874 PER YEAR	FOR A FAMILY OF SEVEN:	\$61,550 PER YEAR
FOR A FAMILY OF FOUR:	\$40,793 PER YEAR	FOR A FAMILY OF EIGHT:	\$68,469 PER YEAR
FOR OF FAMILY OF FIVE:	\$47,712 PER YEAR		

I HAVE READ THE APPLICATION AND WOULD LIKE MY CHILD TO BE CONSIDERED FOR A MUSIC SCHOLARSHIP.

PARENT'S SIGNATURE

EMERGENCY CONTACT

IN CASE OF EMERGENCY CONTACT:

NAME _____ PHONE _____

NAME _____ PHONE _____