



Application for SAM Tuition Scholarship

Fill in this form and deliver it to schoolofamericanmusic@gmail.com

Or mail to: 14 E Maple, Three Oaks, MI 49128

Today's Date: _____ Student/Attendee Name: _____

Parent's Name (if applicant in under age 18): _____

Contact Information for Student or Parent:

Phone: _____ eMail: _____

Lessons for which Scholarship Is Requested: _____

Cost of lessons

- 10 weeks/45 minutes **\$260** 10 weeks/30 minutes **\$220**
- 5 weeks/45 minutes **\$130** 5 weeks/30 minutes **\$110**

SCHOLARSHIPS are awarded for 10-week sessions on a percentage basis. One scholarship is available for each student for each 10 week session. The Scholarship Fund is supported by donations and by fees paid for performances by student/faculty musicians. Please indicate the tuition amount you can pay towards the cost of the lessons. Scholarships are available to students who make progress in the program.

Scholarship Amount Requested \$ _____

Amount of Tuition Student/Attendee Will Pay \$ _____

TOTAL COST OF CLASS/WORKSHOP \$ _____

The information provided is a true and accurate reflection of my need for a student scholarship. I grant permission to photograph/video the student's participation in our music/education sessions.

Signature: _____

Print Name: _____

Parent or guardian signature if participant is under 18 years of age.

You will find out within 3 days whether the scholarship is approved by the Board.

For Office Use:

BOARD DECISION: Approved _____ Not Approved _____

Source of funds: _____

Teacher Notified: _____ Date: _____