

**MUSIC/ARTS INSTITUTE  
SCHOLARSHIP APPLICATION**



**BASIC SCHOLARSHIP POLICY**

*This scholarship application has been developed to determine, in part, the financial status of the student/family applying for aid.*

Limited Scholarships are awarded at Music/Arts Institute® based upon the following criteria:

- Student financial need
- Student merit
- Student's commitment to daily practice
- Student's commitment to weekly lessons
- Student's mandatory attendance at School Concerts
- Evidence of continued musical/artistic growth
- Attendance at all MAI® Workshops and Recitals
- Parental commitment to student's progress

Prospective scholarship students apply through interview/audition and are considered for financial assistance. Unanswered portions or the absence of proper signatures on this form will disqualify the application for consideration. Scholarship applications must be submitted by May 15 each year.

After careful review of the student's need and commitment, the trustees of various funds determine how much financial aid may be awarded. All trustees are members of the Board of Directors of Music/Arts Institute.

Continuance of current year scholarship is based on recital performance, teacher's yearly evaluation, and availability of funds.

Scholarships are awarded for one academic year and are not automatically renewed.

**PROCEDURE**

1. Fill out and return the attached form with \$5.00 Application Fee to:  
Music/Arts Institute  
1010 S Pearl ST  
Independence, MO 64050
2. References **MUST** be received in the MAI® Office by May 15 each year.
3. A scholarship audition will be scheduled by the MAI® office for the Annual Scholarship Auditions (Returning students may not be required to re-audition).
4. Student/Parents will be informed by mail of the decision of the Scholarship Committee.

Music/Arts Institute® believes in equal opportunity and in keeping with this policy, the Institute makes no distinction in the admission of students, employment of faculty and staff, counseling, financial aid, or in any other of its official activities on the basis of race, color, sex, creed, gender identity, or national origin.

MUSIC/ARTS INSTITUTE  
SCHOLARSHIP APPLICATION  
CONFIDENTIAL

Interview Date: \_\_\_-\_\_\_-\_\_\_  
Day \_\_\_\_\_ Time: \_\_\_:\_\_\_

**Student**

\_\_\_\_\_  
LAST NAME FIRST MIDDLE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE WORK PHONE EXT

\_\_\_\_\_  
SCHOOL DISTRICT GRADE

\_\_\_\_\_  
AGE DOB M or F

**MUSICAL BACKGROUND**

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
FATHER

\_\_\_\_\_  
MOTHER

**Parent or Spouse**

\_\_\_\_\_  
FATHER/SPOUSE LAST NAME FIRST TITLE (MR/DR/REV/\_\_\_)

\_\_\_\_\_  
ADDRESS (If different from student)

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE WORK PHONE EXT

\_\_\_\_\_  
PLACE OF EMPLOYMENT

\_\_\_\_\_  
MOTHER LAST NAME FIRST TITLE (MS/MRS/DR/\_\_\_)

\_\_\_\_\_  
ADDRESS (If different from student)

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE WORK PHONE EXT

\_\_\_\_\_  
PLACE OF EMPLOYMENT

**Instrument/Class desired for this Scholarship**

**How did you hear of Music/Arts Institute?**

Please list two persons whom we may contact if we cannot reach you:

1. \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address

1. Has the student applied for a Music/Arts Institute Scholarship before? \_\_\_\_\_

When? \_\_\_\_\_ Were they accepted? \_\_\_\_\_

What instrument/class? \_\_\_\_\_

2. Has the student been a recipient of any other financial aid (Scholarship, Grant, Stipend, etc.) offered by a school, conservatory or other firm? \_\_\_\_\_ If yes:

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Award Title	Institution	Period covered	Amount
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Award Title	Institution	Period covered	Amount
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3. Has the student been enrolled at Music/Arts Institute before? \_\_\_\_\_ If yes:

When? \_\_\_\_\_ What study/curriculum? \_\_\_\_\_

Reason for leaving:

4. Student's music ambitions and goals:

5. Student's music background:

Previous music instruction:

Teachers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Why do you feel that a Music/Arts Institute scholarship is deserved?

7. Two references are required who can write on behalf of the student and family. Please send the attached Reference forms (pages 6&7) to the persons you list below. Forms must be received the MAI® Office by May 15:

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Name	Address	Day Telephone
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Name	Address	Day Telephone
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## FINANCIAL INFORMATION

List all members of household, and Parent or Guardian outside the household, and their annual gross income for previous tax year from all sources (including Government Public Assistance):

Father	Income	Employer	Nature of Work
Mother	Income	Employer	Nature of Work
Student	Income	Employer	Nature of Work
Other	Income	Employer	Nature of Work
Other	Income	Employer	Nature of Work
Other	Income	Employer	Nature of Work

Total number of persons in family \_\_\_\_\_ Other dependents \_\_\_\_\_

Is anyone in the family receiving the following types of aid:

Food stamps: \_\_\_\_\_ If yes, the amount \$ \_\_\_\_\_

WIC: \_\_\_\_\_ If yes, the amount \$ \_\_\_\_\_

Child support: \_\_\_\_\_ If yes, the amount \$ \_\_\_\_\_

Aid to dependent child: \_\_\_\_\_ If yes, the amount \$ \_\_\_\_\_

Medicaid: \_\_\_\_\_ If yes, the amount \$ \_\_\_\_\_

Social Security: \_\_\_\_\_ If yes, the amount \$ \_\_\_\_\_

Disability: \_\_\_\_\_ If yes, the amount \$ \_\_\_\_\_

Other types of aid: \_\_\_\_\_ If yes, the amount \$ \_\_\_\_\_

**TOTAL AMOUNT OF INCOME AND AID \$ \_\_\_\_\_**

Total number of persons in your household (this includes all family members in the home and any dependents outside of the home) \_\_\_\_\_

If you included any dependents outside of the home in the above total, please list their names here:

\_\_\_\_\_  
\_\_\_\_\_

**Scholarships are never total. The family is expected to contribute as much as possible. *Applications will not be processed unless the following section is completed.* How much money can be contributed monthly to the student's annual tuition from the following sources?**

Student        \$ \_\_\_\_\_  
Parent        \$ \_\_\_\_\_  
Family        \$ \_\_\_\_\_  
Other         \$ \_\_\_\_\_  
Total         \$ \_\_\_\_\_

*I certify that all information presented above is true and accurate to the best of my knowledge:*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL INFORMATION CONCERNING** \_\_\_\_\_

Student's Name

The Family Education Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his right to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student may have the right to read this reference.

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

\*\*\*\*\*

The above named person has requested financial aid for study at Music/Arts Institute. Please write or type on this form your estimate of this person. We shall appreciate any information you have on his/her character, musicianship, scholarship, attitude toward work and other characteristics you consider important.

Name of person making recommendation \_\_\_\_\_

Official position \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form by May 15 to: Scholarship Evaluation Committee, Music/Arts Institute, 1010 S Pearl ST, Independence, MO 64050.

**CONFIDENTIAL INFORMATION CONCERNING** \_\_\_\_\_

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Name of person making recommendation \_\_\_\_\_

Official position \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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