MUSIC/ARTS INSTITUTE SCHOLARSHIP APPLICATION CONFIDENTIAL

Student			Parent or Spous	e	
	VIDOR	Marke	EA WAND (SDOAYSE A A SE	ENANCE FYDOT	(MR/DR/REV/
LAST NAME	FIRST	MIDDLE	FATHER/SPOUSE LAST	Г NAME FIRST	TITLE
ADDRESS			ADDRESS (If different fro	om student0	
CITY	STATE ZIP		CITY	STA	TE ZIP
HOME PHONE	WORK PHONE	EXT	HOME PHONE	WORK PHONE	EXT
SCHOOL	DISTRICT	GRADE	PLACE OF EMPLOYME	NT	
AGE	DOB	M or F	MOTHER LAST NAME	FIRST	(MS/MRS/DR/
MUSICAL BAC	CKGROUND		ADDRESS (If different fro	om student)	
STUDENT			CITY	STA	TE ZIP
FATHER			HOME PHONE	WORK PHONE	EXT
MOTHER			PLACE OF EMPLOYME	NT	
Instrument	/Class desired for this Scholarship			How did you hear of M	Music/Arts Institute?
Please list tv	wo persons whom we may contact if	we cannot rea	ch you:		
1. <u>Na</u>	me				Phone
Ad	dress				
2					
Na	me				Phone
 Ad	dress				

1.	Has the student applied	for a Music/Arts Institute Scholarship before?	·	
	When?	Were they accepted?		
	What instrument/class?			
2.		ecipient of any other financial aid (Scholarsh other firm? If yes:	ip, Grant, Stipend, etc.) o	ffered by a
	Award Title	Institution	Period covered	Amoun
	Award Title	Institution	Period covered	Amoun
3.	Has the student been enr	rolled at Music/Arts Institute before?	_ If yes:	
	When? W	hat study/curriculum?		
	Reason for leaving:			
4.	Student's music ambition	ns and goals:		
5.	Student's music backgro Previous music instruction		Teachers:	
6.	Why do you feel that a M	Music/Arts Institute scholarship is deserved?		
7.	Reference forms (pages	ired who can write on behalf of the student an 6&7) to the persons you list below. Forms retters can also be sent electronically to: boo	must be received LQhe M	AI [®] Office
	Name	Address	Day	Telephone
	Name	Address	Day '	Telenhone

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 depe	endents	
Is anyone in the family receiving the fo	llowing types of	aid:	
Food stamps: If yes, the ar	nount \$		
WIC: If yes, the amount \$			
Child support: If yes, the a	mount \$		
Aid to dependent child: If	yes, the amount	\$	
Medicaid: If yes, the amou	ınt \$	_	
Social Security: If yes, the	amount \$		
Disability: If yes, the amount	ınt \$	_	
Other types of aid: If yes,	the amount \$		

TOTAL AMOUN	T OF INCOME	AND AID \$	
Total number of p	ersons in your ho	ousehold (this includes all family members in the home a	nd any dependents
outside of the hom	e)		
If you included any	y dependents outs	ide of the home in the above total, please list their names he	ere:
	nless the followi	e family is expected to contribute <u>as much as possible.</u> ng section is completed. How much money can be contributed owing sources?	
Student	\$		
Parent	\$		
Family	\$		
Other	\$		
Total	\$		
I certify th	at <u>all</u> information	n presented above is true and accurate to the best of my ki	10wledge:
Parent Sig	nature	Student Signature	Date

CONFIDENTIAL INFORMA	ATION CONCERNING		
		Student's N	Vame
The Family Education Rights The law also permits the student applicant's signature below conference.	nt to sign a waiver relinquishi	ing his right to inspect letters	of recommendation. The
Date	Student's Signature		
* * * * * * * * * * * * * * * * *	*****	* * * * * * * * * * * * * * *	
The above named person has reform your estimate of this pusicianship, scholarship, attit	person. We shall apprecia	nte any information you h	ave on his/her character,
Name of person making recom	mendation		
Official position	In:	stitution	
Address			
			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	
	Student's Name
The law also permits the student to sign a waiver relinqui	opens many student records for the student's inspection. ishing his right to inspect letters of recommendation. The nature means the student may have the right to read this
**********	*****
	study at Music/Arts Institute. Please write or type on this eciate any information you have on his/her character, er characteristics you consider important.
Name of person making recommendation	Institution
Official positionAddress	IIISHILUUOII
Signature	Date

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