

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:

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 LQhe MAI® Office by May 15. **Reference letters can also be sent electronically to:** bookkeeper@musicartsinstitute.org

Name	Address	Day Telephone

Name	Address	Day Telephone

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 \$ _____

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.

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