



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. In this extraordinarily difficult time, we are offering scholarships up to 100% based on need.

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: _____