

SCHOLARSHIP APPLICATION
South West Music School

Please print clearly

Student's Name _____

Parent's Names _____

Number of children in family applying for scholarships _____

Name of Teacher or Caregiver sending recommendation _____

What grade or class did the student take with that teacher? _____

School Name and Phone Number _____

Financial Need

- Student is eligible for school lunch program
- Family is eligible for food stamps

OTHER INFORMATION you may wish to provide:

This information is true to the best of my knowledge.

Signed _____ Date _____

Be sure to fill out the first two lines of the teacher recommendation form from the <http://swmusicsschool.org/> website before giving it to the teacher to fill out.

To help the teacher, provide him/her a stamped envelope with the Music School address on it.

Scholarship Committee
South West Music School
PO Box 199,
Beaverton OR 97075