



Scholarship Application Form

I. Contact Information:

First Name: _____ Last Name: _____

Parent's Names: _____

Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (h) _____ (c) _____ (w) _____

Email Address: _____

Birth Date: _____ Age: _____

School: _____ Grade: _____

Printed Name: _____ Date: _____

Signature: _____

II. Complete the following questionnaire with your child.

1. Do you own a piano or keyboard/violin? Yes No
2. Circle the following to describe your instrument (Piano students only):
 Acoustic Piano Digital Piano Keyboard w/ stand Keyboard w/o stand
 Bench included No bench
 Full 88 keys 61-76 keys fewer than 60 keys
 a. Where is the piano? _____
 b. Is the location quiet /suitable for practice? _____
3. What size violin do you own (Violin students only): _____
 a. Where do you practice? _____
 b. Do you have a music stand? _____
 c. Is the location quiet/suitable for practice? _____
4. Do you play other instruments? _____
 a. Can you play any tunes 'by ear'? Yes No
 b. Have you ever made up/composed your own music? Yes No
5. Do you own a metronome? Yes No
6. What are your favorite types of music? (blues, classical, country, gospel, jazz, pop, hip hop, etc.)

7. Are there any songs/pieces/techniques that you would like to learn as you take lessons- List any:

8. Have you participated in any musical or dance activities (e.g. dance classes, workshops, recitals, competitions, church or music programs)? If so, please list a few of most recent:

9. Have you ever been to a band, choir, or orchestra recital? _____
10. What is your favorite subject in school? _____
11. Extracurricular activities – what does your week look like?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

12. What do you like to do in your free time – what are your hobbies?

13. Are you willing to practice 4-6 times a week? _____
14. Do you plan to go to College? Yes No Undecided
 If yes, do you plan to continue in music? Yes No Undecided Major in music

FOR PARENTS ONLY:

Students under 10 years:

Is the parent able and willing to come to lessons and practice with child at home, if necessary? Yes No

Students above 10 years:

Are parents available to support the child at home with practicing and assist, if necessary? Yes No

1. What made you interested in piano/violin lessons?

2. What are your goals for your child's lessons?

3. Any other information the teacher should be aware of e.g. physical or learning disabilities, allergies, etc.:

4. Does anyone else in your family play a musical instrument?

5. Are you able to create a musical environment for your child by listening to classical music, going to classical concerts and exposing your child to a variety of music? Yes No

6. Amount able to pay for lessons: _____

TRANSFER STUDENTS:

1. How many years/months and how long ago did you have lessons: _____

2. Former Teachers: _____

3. Why are you changing teachers? _____

4. What repertoire/books used: (Performance, Technique, Terminology, Sight-reading)

5. How much are you accustomed to practice per day? _____

6. List any performances, adjudications, competitions (incl. levels and awards):

7. Do you study piano/violin (circle one): Willingly Reluctantly Unwillingly

8. Other comments:

III. Send with this completed application form a statement, telling how music makes/will make a difference in your and your child's life. Students may optionally write a letter or draw a picture.