



Barbara Bend Founder's Scholarship

CONFIDENTIAL SCHOLARSHIP APPLICATION

Please fill out this form completely. Missing information may cause your application to be delayed or discarded.
All information is confidential. Please call the office if you have questions.

STUDENT INFORMATION

(Check all that apply) ___new student ___returning student ___I have received previous scholarship

Name _____

Address _____

City _____ State _____ Zip _____

Age _____

Instrument/Class(es) _____ Teacher _____

Phone (home) _____ (cell) _____

Email _____

If you are applying for tuition support for any other members of your family, please list below.

Name _____ Age _____

Instrument/Class _____ Teacher _____

Name _____ Age _____

Instrument/Class _____ Teacher _____

Name _____ Age _____

Instrument/Class _____ Teacher _____

PARENT(S)/GUARDIAN(S) INFORMATION (for students ages 18 & under)

Name _____ Employer _____

Length of Employment _____ Phone (home) _____

(work) _____ (cell) _____

Emergency contact _____ Phone _____

Name _____ Employer _____

Length of Employment _____ Phone (home) _____
(work) _____ (cell) _____

Emergency contact _____ Phone _____

FINANCIAL INFORMATION

Total cost of monthly tuition for desired classes for current semester: \$ _____

Please circle what best describes your household: Single Married Separated/Divorced Guardianship

Please list all take-home monthly incomes:

Adult Student \$ _____ Mother \$ _____ Father \$ _____ Other \$ _____

Number supported by income: Adults _____ Children _____

What is your monthly rent \$ _____ OR house \$ _____ payment?

Does your child receive free meals at school? _____

Do you receive federal or state aid for food & necessity items? _____

What is the amount of this tuition that you can afford each month? _____

CONFIDENTIAL APPLICATION FOR TUITION SUPPORT

Please write a short statement that explains why taking the indicated class is important to you or your child and why you are applying for a scholarship from Harmony School. Use a separate page if necessary.

Required: I understand that tuition support may be withdrawn from any student who does not maintain a record of cooperation, effort, and achievement satisfactory to Harmony School. I understand that tuition support is granted for instruction for one semester and a new application will be required each semester. In order for scholarship continuation during the school year, a teacher recommendation will be required. I understand that providing false or misleading information on any part of this application will disqualify me from any current or future tuition support from Harmony School.

Parent or Adult Student Signature _____

Date _____

Harmony School encourages students receiving financial to consider donating back to the school when it becomes within their means. Also, volunteer opportunities are available; please check with the office for more information.

This scholarship application is good for 12 months. If scholarship funds are awarded, they may be utilized for the full calendar year the student is enrolled. If the recipient's financial situation changes and scholarship is no longer needed for full or partial amount, it is the recipient's obligation to let notify the school so the scholarship funds can be used for other student's in need. We thank you in advance for your honesty.

Please email the completed scholarship application to Director@harmonyarts.org, or mail to

Scholarship Committee

Harmony School of Creative Arts

1503 Mormon Mill Road

P.O. Box 1065

Marble Falls, TX 78654

