



**MAIL APPLICATIONS TO:**  
P.O. Box 1685 | Saint Augustine, FL 32085  
904.823.9012  
info@ashleyfoundation.org

**STUDENT APPLICATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent's Name : \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

Instrument: \_\_\_\_\_ How long have you played? \_\_\_\_\_

Do you study privately? \_\_\_\_\_

School Director and/or Private Teacher's Name: \_\_\_\_\_

School Director and/or Private Teacher's Phone (with area code): \_\_\_\_\_

List of Musical Groups You Are or Have Been a Part of and Length of Participation:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Two Short Paragraphs on Why You Need Scholarship Assistance and What It Would Be Used For: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With your submission, please include:

- A brochure from the workshop/clinic/camp you wish you attend, if applicable**
- Two Letters of Reference from a Person in Authority, Such as a Teacher**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_