



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

TEACHER APPLICATION

Name: _____ Ph: _____

Address: _____

E-mail: _____ School/Studio Name: _____

School/Studio Address: _____

School/Studio Ph: _____

Parent's E-mail: _____

Instruments You Teach: _____

How long have you taught? _____

What have you taught? _____

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 professional letters of reference**

Applicant Signature: _____ **Date:** _____