



**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

Student 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)

Parent 1 Name \_\_\_\_\_ Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_ Phone (home) \_\_\_\_\_

(work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_ Phone (home) \_\_\_\_\_  
(work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

FINANCIAL INFORMATION

What is the total cost of monthly tuition for desired classes for the 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.

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Please initial your understanding of the following statements.

\_\_\_\_ 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 regular attendance is required, and any scholarship recipient who frequently misses classes or lessons may have their assistance withdrawn.

\_\_\_\_ I understand that tuition support is granted for instruction for up to one year if needed and that I may reapply at the end of the year. I also understand it is my responsibility to notify the Executive Director if my scholarship assistance is no longer needed during my one-year eligibility.

\_\_\_\_ I understand that scholarship assistance can only be used toward tuition and can not be applied to other school fees (i.e. music books, recital fees, costume fees, uniforms, art supplies, etc.).

\_\_\_\_ 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.

Harmony School encourages students receiving financial assistance to consider donating back to the school through time and/or financial support when it becomes within their means. 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 the full or partial amount, it is the recipient's obligation to notify the school so the scholarship funds can be used for other students in need. We thank you in advance for your honesty.

Parent or Adult Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please email the completed scholarship application to [Director@harmonyarts.org](mailto:Director@harmonyarts.org), leave in a sealed envelope with the front desk staff or mail to the address below.**

**Scholarship Committee**

**Harmony School of Creative Arts**

**1503 Mormon Mill Road**

**P.O. Box 1065**

**Marble Falls, TX 78654**