Piano Lesson Scholarships Application

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School and Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_

(Check one) Do you currently \_\_\_own or \_\_\_have access to a piano or electric keyboard?

Has the student had piano lessons in the past? \_\_\_\_Yes \_\_\_\_No If Yes, for how long \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would the student be available for lessons in the summer? \_\_\_Yes\_\_No

A limited number of slots for piano lessons are available. Thus, it is important that the parent commits to all agreed upon criteria if selected. If selected you will be notified of the day, time and location of lessons. Please return the completed application by March 31, 2020 by mailing to:

ARLF

PO Box 1505

Hope, AR 71802

Or

Email to: aprilrlovefoundation@gmail.com