



# Music Academy 2018-2019 – Application For Financial Assistance & Scholarship

*Making Music Happen, Note by Note*

**DEADLINE: July 27, 2018**

## STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School District: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Type of Lesson/Class Requested: \_\_\_\_\_ Prior Years of Study: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address - Street: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## INCOME INFORMATION

Less than \$9,999     
  \$10,000 - \$19,999     
  \$20,000 - \$29,999     
  \$30,000 - \$39,999  
 \$40,000 - 49,999     
  \$50,000 - \$74,999     
  \$75,000 or above

Total family members in household     
  Total receiving School Lunch Assistance  
 Total number of family members under 18 years of age     
  Total number attending the Music Academy

## REASON FOR REQUEST

**Reason for requesting assistance:** (Please be specific)

\_\_\_\_\_

\_\_\_\_\_

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**TERMS & CONDITIONS**

1. Financial assistance is available to all students with demonstrated need depending on availability of funds.
2. Financial assistance will not exceed 50% of the music academy rate.
3. Financial assistance is non-transferable between students.
4. There is no deposit required for this request to be reviewed.
5. All information requested on both pages of this form, including an original signature, must be completed in full before this application can be reviewed.
6. Completion of this application does not guarantee financial assistance. Financial assistance is made available on the basis of available funds and verified individual need.
7. Information provided on the financial assistance application is confidential and will be reviewed by the community advisory board.
8. The parent/guardian will be notified by phone and/or email as to the approved amount (if any).
9. Scholarship application must be received by July 27, 2018.

**SIGNATURE**

I certify that to the best of my knowledge, the information stated on this form is complete and true and the above named student is not able to meet the full music academy cost.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Return Form (Mail/Fax) To:

*Steve Schaffner, Director  
Southeast Missouri Music Academy  
One University Plaza, MS 7925  
Cape Girardeau, MO 63701*

Questions? Contact:

*Steve Schaffner, Director  
Office – (573) 651-2378  
Fax – (573) 651-2431  
Email – sbschaffner@semo.edu*

**--- FOR OFFICE USE ONLY ---**

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied      \_\_\_\_\_ Date      \_\_\_\_\_ Amount

Signature of Approving Staff Member \_\_\_\_\_