



Music Academy 2019-2020 – Application For Financial Assistance & Scholarship

Making Music Happen, Note by Note

DEADLINE: July 29, 2019

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)

1. Financial assistance is available to all students with demonstrated need depending on availability of funds.

TERMS & CONDITIONS

- 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 29, 2019.

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 _____