

# Give the Gift of Music Foundation Musical Scholarship Application

## Student Information

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Instrument: \_\_\_\_\_

Current Level                      Beginner                      Intermediate                      Advanced

## Parent / Guardian Information

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

## General Information

To facilitate your qualification let us know if you are receiving any one of the following (circle all that apply):

National School Lunch Program (NSLP)                      PHA or HUD administered Housing Subsidies (Section 8)  
Supplemental Nutrition Assistance Program (SNAP)                      Temporary Assistance for Needy Families (TANF)  
PA Children's Health Insurance Program (CHIP)

## Criminal History

Have you or the student applicant ever been convicted of a felony committed after August 22, 1996 for the possession, distribution and/or use of a controlled substance?                      No                      Yes

## Supporting Documentation

Please provide a copy of the following:

Recent Month's Pay Stubs (if employed)                      Driver's license or government issued Photo ID card  
Payment stubs or other documentation demonstrating receipt of federal or state financial assistance program.

## Signature

I understand that the information on this form will be kept confidential and used only by Gift the Gift of Music Foundation for the purposes of determining eligibility for receipt of scholarships, awards or other program benefits as may be determined. I certify that all information on this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date