



SCHOLARSHIP APPLICATION

Summer 2019

Please complete this scholarship form and mail it to Southwest Music Academy, PO Box 1013, Las Cruces, NM 88004 or email to info@swmusicacademy.org.

Scholarship applications must be received by Friday, May 24, 2019.

Student's Name: _____

EMAIL ADDRESS: _____

Student's School: _____ Grade: _____

Father's Name: _____

Mother's Name: _____

Monthly Family Income (net): \$_____ Number of children in family _____

Phone: _____

Work Ph. _____ Occupation _____ Alternate Ph. _____

Type of family assistance (i.e. SNAP), if any

Is parent a full-time student? _____ Part-time student? _____

Why does student want to participate in Southwest Music Academy?

What kind of commitment will there be to attendance and practicing?

What kind of hardship would it be if student did not receive a scholarship?

What can you afford to pay toward student's tuition (above and beyond the \$30 commitment fee)? \$_____

IF YOU HAVE ANY OTHER INFORMATION YOU FEEL WOULD BE AN IMPORTANT FACTOR IN DETERMINING YOUR CHILD'S NEED FOR A SCHOLARSHIP, PLEASE EXPLAIN ON A SEPARATE SHEET.

Scholarship Agreement: I understand that if my child receives a scholarship, it will be awarded contingent upon this application which will be reviewed by the SWMA Scholarship Committee. I further understand that the awarded scholarship will be contingent upon the quality of my child's participation and positive attitude; that if my child receives a scholarship, I will be required to volunteer for events throughout the semester as requested.

_____ I understand and agree to the conditions stated above. _____ I agree to volunteer my time to help as requested.

Parent/Guardian signature Date

Southwest Music Academy, PO Box 1013, Las Cruces, NM 88004

www.swmusicacademy.org