

**APPLICATION FOR WEDNESDAY MUSIC CLUB
MUSIC TUITION AWARD**

APPLICANT

Name (please print) _____

Instrument or voice range _____

Years of musical study: _____ Level (circle one) Beginner Intermediate Advanced

Past Musical Activities: CMTA Festival _____ Years _____ Rating _____

Guild Auditions _____ # of pieces _____ Rating _____

Other judged events _____

Young Musicians Recital _____ Dates _____

WMC Competition _____ Years _____

Other musical competitions _____

Please list any other musical activities not included above _____

Please note that in order to qualify for an award, participation is required in the WMC Young Musician's Recitals, as well as some type of judged solo event such as a festival (non-competitive) or competition.

I agree that I will attend all lessons, practice conscientiously, and participate in the required performances.

Signature of Applicant _____ Age _____ Grade '18-19 _____

Address _____ Phone _____

Street

City

Zip Code

PARENT OR GUARDIAN

My child, _____, is applying for a Music Tuition Award for the academic year 2018-2019.

I agree that I will provide the means for regular attendance at lessons and for regular practice time. I will see that they participate in the required performance and judged events.

I certify that my household's Adjusted Gross Income, as reported on the most recently filed IRS Form(s) 1040/1040EZ, is _____ for my family of _____ persons. Financial assistance is requested because _____

I understand that an interview may be requested to determine musical potential and/or financial need. If a change in my financial situation renders this award unnecessary, I will notify the Tuition Award Chair so that funds may be released for the use of another student.

Name _____

Signature _____ Date _____

Address (if different from above) _____

TEACHER

I recommend _____ for a Music Tuition Award for the private study of _____ (instrument).

Length of lesson { } 1/2 hour { } 3/4 hour { } 1 hour

Level of study _____

Number of lessons per academic year (not to exceed 36) _____

Fee: \$_____ per lesson OR \$_____ per month = \$_____ total per academic year

Please note that in order to qualify for an award, participation is required in the WMC Young Musician's Recitals, as well as some type of judged solo event such as a festival (non-competitive) or competition.

Please describe your assessment of the student's musical ability, practice record and progress. Corroborate and elaborate on the student's statements concerning musical activities. State why you feel this student deserves financial assistance.

Teacher's Name (please print) _____ Date _____

Signature _____ Phone _____

Address _____
Street City Zip Code

DEADLINE FOR RETURN OF APPLICATION:

May 25, 2018

MAIL APPLICATION TO: **Barbara T. Moore, 1213 Hazel St., Charlottesville, VA 22902**

ADDRESS QUESTIONS TO: **phone 434-293-9234 or email btmoore30@hotmail.com**