

APPLICATION FOR WEDNESDAY MUSIC CLUB MUSIC TUITION ASSISTANCE AWARD

APPLICANT:

Name (please print) _____

Instrument or voice range _____

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

Past Musical Activities and dates:

Judged events & rating _____

WMC Young Musicians Recitals or other recitals _____

Other musical activities not included above _____

Please note that in order to qualify for an award, participation will be required in a solo public performance as well as some type of judged solo event such as a festival (non-competitive) or competition, at least one of these events to be sponsored by WMC. See Guidelines for more information..

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

Signature of Applicant _____ Age _____ Grade '23-'24 _____

Address _____

Street

City

Zip Code

PARENTS OR GUARDIANS:

Our child, _____, is applying for a Music Tuition Assistance Award for the academic year 2023-2024. We have read the stated Guidelines and agree that we will provide the means for regular attendance at lessons and for regular practice time. We will see that he/she participates in the required performance and judged events. We understand that an interview may be requested to determine musical potential and/or financial need. If a change in our financial situation renders this award unnecessary, we will notify the Tuition Award Chair so that funds may be released for the use of another student.

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

Parent/Guardian (please print) _____

Signature _____ Date _____

Parent/Guardian (please print) _____

Signature _____ Date _____

Address (if different from above) _____

Email address: _____ Phone: _____

Email address: _____ Phone: _____

TEACHER:

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

Length of lesson { } ½ hour { } ¾ hour { } 1 hour

Level of study _____

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

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

Please note that in order to qualify for an award, participation will be required in a public solo performance outside of your studio, as well as some type of judged solo event such as a festival (non-competitive) or competition. At least one event must be sponsored by Wednesday Music Club. See Tuition Assistance Guidelines for more information.

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 and any knowledge you may have of need.

Teacher's Name (please print) _____ Date _____

Signature _____ Phone _____

Address _____

Street

City

Zip Code

Email: _____

DEADLINE FOR RETURN OF APPLICATION:

May 26, 2023

MAIL APPLICATION TO: **Lynanne Wilson, 309 Parkwood Place, Charlottesville, VA 22901**

OR EMAIL APPLICATION TO: **lyncello@hotmail.com**