FORT WAYNE PHILHARMONIC

Andrew Constantine, Music Director

FRIENDS 🖔

2024-2025 SCHOLARSHIP APPLICATION

Address School Name		Grade Level
School NameParent Name		Grade Level
Parent Email		Voice _
Primary Instrument		
How long has the student studied their instrument/voi- Does the student play a keyboard instrument? Please list any and all private instructors:		Yes
Private Lesson Information:		Frequency
Please list all musical organizations and/or groups in wl	hich student participa	tes:
Yearly income of family before taxes		<i>y</i>
Name of employer(s)	Position(s)	
Does the family receive Supplemental Nutrition Assistance (SNAP)? Does the family receive Temporary Assistance for Need Families (TANF)?	Yes No□ Yes No y	
Parent's statement as to why student is applying fo financial assistance:	r	
Student's statement as to why s/he has chosen to t attach your comments if necessary.	ake instrumental/voo	cal lessons. Please use the back o
I,	(date	
Parent Signature		Today's Date
l (ct)	tudent) agree to the terms of this scholarship	

Student Signature	Todav's Date

Please mail the application to: Catherine Duchovic Scholarship Committee 9113 Yellow Tree Court Fort Wayne, IN 46804

(Must be postmarked by October 1, 2024