FORT WAYNE PHILHARMONIC

Andrew Constantine, Music Director



2023-2024 SCHOLARSHIP APPLICATION

| Student Name | | |
|---|------------------------------|--------------------------------------|
| PLEASE PRINT - INCOMPLETE FOR | | DERED FOR AWARDS |
| Address | | |
| School Name | | Grade Level |
| Parent Name | | N. |
| Parent Email | Parent Phone | |
| Primary Instrument | voice | |
| How long has student studied their instrument/voice | ? In School | Privately |
| Does student play a keyboard instrument? | | Yes No |
| Please list any and all private instructors: | | |
| | | |
| Private Lesson Information: | | |
| Cost per Session | Length of Session | Frequency |
| Please list all musical organizations and/or groups in | which student participates | : |
| | | |
| Yearly income of family before taxes | | in family |
| Name of employer(s) | Position | (s) |
| Does family receive Supplemental Nutrition Assistan | ce (SNAP)? | Yes □ No |
| Does family receive Temporary Assistance for Needy | · · · · — | Yes No |
| | _ | _ |
| Parent's statement as to why student is applying | for financial assistance: | |
| Student's statement as to why s/he has chosen to ta your comments if necessary. | ake instrumental/vocal les | sons. Please use the back or attach |
| I,Fort Wayne Philharmonic is factual and accurate as c is confidential and will be used only for the purpose | of(date) | . I understand that this information |
| Parent Signature | Today's Date | |
| ι, | , (student) agree to the ter | ms of this scholarship. |
| Student Signature | <u></u> | Todav's Date |

Please mail application to Fort Wayne Philharmonic 4901 Fuller Dr. Fort Wayne, IN 46835 Attn: Friends Scholarship Committee

(Must be postmarked by October 1, 2023)