

FRIENDS 🐺

2025-2026 SCHOLARSHIP APPLICATION

PLEASE PRINT. INCOMPLETE FORMS WILL NOT BE CONSIDERED FOR AWARDS.

Application must be postmarked by November 1, 2025

Student Name	
Address	
Parent Name	
Parent Phone Parent Er	nail
School	Age Grade Level
Primary Instrument	Voice
How long has the student studied their instrument/voice?	In School Privately
Does the student play a keyboard instrument? Yes	No
Please list any/all private instructors:	
Private Lesson Information: Cost per SessionLength of Sess	ion Frequency
Please list all musical organizations and/or groups in which t	the student participates:
Yearly income of family before taxes	Number in family
Does the family receive Supplemental Nutrition Assistance (Does the family receive Temporary Assistance for Needy Far	,
Name of employer(s)	
Position(s)	

Parents' statement as to why the student is requesting financial assistance:

Student's statement as to why s/he has chosen to take instrumental/vocal lessons. Please use the back or attach your comments if necessary.

l,,	(parent/guardian)	state	that	the
information submitted to the Fort Wayne Philharmonic is factual and accur	ate as of	(date).		

I understand that this information is confidential and will be used only for the purpose of evaluating the applicant's financial need.

Parent Signature

I,_____, (student) agree to the terms of this scholarship.

Student Signature

Today's Date

Today's Date

Please mail the application to:

Catherine Duchovic Fort Wayne Philharmonic Scholarship Committee 9113 Yellow Tree Court ort Wayne, IN 46804