



Music Lesson Scholarship Application

The MusicBox has partnered with Helpful Hands Organization to provide music lesson scholarships for families in our community. We provide short term help for families in financial need. As much as we would like to provide each applicant with assistance please be aware that our annual scholarship fund is limited. Therefore, we are not able to award every applicant, only those that demonstrate the greatest need.

Eligibility

- Assistance is granted on the basis of financial need. We consider combined household income and number of legal dependents as the primary criteria.
- Scholarships are granted per semester (every 4 months). Upon expiration, the recipient must reapply with all new and current information.

How to Apply

We need copies of the following to be included with this application.

- Driver's License (please include spouses)
- Three current pay stubs (please include spouses copies)
- Your most recent Federal Income Tax Return. If you did not file yet, copy of w-2
- Letter explaining why you need assistance and how this will benefit your child

All information in the scholarship application will remain confidential.

Music Scholarship Application @ The MusicBox

First Name

Last Name

Date of Birth

Social Security Number

Sex: M F

Address

City, FL Zip

LEGAL DEPENDANTS

NAME	DATE OF BIRTH	SEX	S.S #
SPOUSE			
CHILDREN			

EMPLOYMENT INFORMATION

EMPLOYER:		Supervisor:	
OCCUPATION:		Phone:	
LENGTH OF EMPLOYMENT:		Weekly Hours worked	
Total Monthly Income:	\$		

SPOUSE'S EMPLOYMENT INFORMATION

EMPLOYER:		Supervisor:	
OCCUPATION:		Phone:	
LENGTH OF EMPLOYMENT:		Weekly Hours worked	
Total Monthly Income:	\$		

Please read the following and sign below:

I hereby certify the information in this application is true, accurate, and complete to the best of my knowledge. I am aware that it is my responsibility to notify The MusicBox in writing of any change in the information supplied on this application, as it may affect my eligibility for financial assistance.

Signature of Applicant

Signature of Spouse

Date