

SAGWA Event Scholarship Application (Page 1)

Directions

- Fill out this form completely for each student applicant.
- Include a copy of the event registration (not necessary if you registered online)
- Include a deposit check for \$35 per student (not necessary if you made your deposit with online registration)
- Mail application before the scholarship deadline:
 - For Fall events (Fall String workshop and Shenandoah Weekend): September 15th.
 - For Spring event (Suzuki String Festival): February 28th.
 - For the Summer Institutes (Greater Washington String Institute (GWSI), Greater Washington Suzuki Piano Institute (GWSPI), or SAGWA Flute Institute (SAGWAFI): April 15th.
- **LATE APPLICATIONS WILL NOT BE CONSIDERED**
- **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**
- Make check or money order payable to SAGWA or applicable institute to hold the applicant's spot at the event.

Mail this Event Scholarship Application (and a copy of the completed event registration form and \$35 deposit per student, if applicable) to:

Lerna May-Frandsen
SAGWA Scholarship Chair
8102 Powhatan Street
Hyattsville, MD 20784

Online Registrants

Did you fill out your event application form online? YES NO
Did you make your \$35 deposit online? YES NO

Event for which Financial Aid is Requested (circle one): YEAR 2012

Cello Workshop	Suzuki String Festival	Greater Washington String Institute
Fall String Workshop	Shenandoah Weekend	SAGWA Flute Institute
Greater Washington Suzuki Piano Institute		

SAGWA Membership Information

Is your family a member of SAGWA? YES NO
Is your current Teacher a member of SAGWA? YES NO
Is your current Teacher a member of SAA? YES NO

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Student Information

Student Name _____
Instrument _____ Book _____
Age _____ Grade in School _____
Current Piece _____
Current Private Teacher _____
Teacher's Phone Number _____

Geographical Requirement

Applicant must study with teacher within the geographical boundary listed below to receive a scholarship. (The boundaries are Fredericksburg, VA/Culpepper, VA/Front Royal, VA/Winchester, VA to Martinsburg, WV/Frederick, MD/Columbia, MD to Bowie, MD/St. Charles, MD/Fredericksburg, VA.)

Does your instructor teach within the SAGWA geographical boundaries? ___ YES ___ NO

Contact Information

Father	_____	Mother	_____
Address	_____	Address	_____
	_____		_____
Phone(H)	_____	Phone(H)	_____
Phone(W)	_____	Phone(W)	_____
E-Mail	_____	E-Mail	_____
Occupation	_____	Occupation	_____

Financial Information

Total Annual Household Income (gross) \$ _____ .00 (include alimony, child support, etc.)

Total number of people in household: _____ Number of children: _____

Special financial considerations (example: work layoff, disability, etc.):

Volunteer Hours

_____ (initial here) I/We agree that I/we will volunteer a minimum of 1 hour for the event, if aid is accepted and received. I/We understand that I/we will be contacted on how I/we can assist with the event. This scholarship is based on financial need. The above information will be reviewed only by the scholarship committee and is confidential. The information will not be released to the teacher.