

SAGWA LESSON SCHOLARSHIP APPLICATION

STUDENT NAME _____ INSTRUMENT _____ BOOK _____

AGE _____ GRADE IN SCHOOL _____ CURRENT PIECE _____

CURRENT PRIVATE TEACHER _____

TEACHER PHONE NUMBER: _____ TEACHER'S EMAIL _____

FOR WHICH LESSON SCHOLARSHIP PROGRAM ARE YOU APPLYING? (Check one): YEAR _____

EMERGENCY LESSON SCHOLARSHIP

A six (6) month lessons scholarship which pays up to 50% of the lesson cost (private and group), not to exceed \$420 a term or \$70/month. This scholarship is NOT renewable. Rolling applications reviewed and awarded quarterly. **Application deadlines are January 15, April 15, July 15 and October 15.** For further details, please see our website www.sagwa.org and click on scholarship form.

STUDENT ENRICHMENT SCHOLARSHIP

A year long lesson scholarship (September 1-August 31) which pays up to 50-60% of the lesson cost (private and group) or \$25/hour whichever is less. Included in the lesson scholarship is partial SAGWA membership renewal scholarship where the Applicant pays \$10 for the year. This scholarship is renewable, but applicants must reapply and submit the necessary supporting documents each year. **Applications are accepted between August 1 and August 31 of each year.** For further details, please see our website www.sagwa.org and click on scholarship form

SAGWA MEMBERSHIP SCHOLARSHIP:

Is Applicant a member of SAGWA? _____ YES _____ NO?

Are you applying for a SAGWA Membership Scholarship? If so, please check the box.

SAGWA Membership

CURRENT TEACHER MEMBERSHIP IN SAGWA AND SAA? _____ YES _____ NO

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 Applicant study with a teacher who teaches within the SAGWA geographical boundaries? _____ YES ___ NO

CONTACT INFORMATION:

FATHER _____

MOTHER _____

ADDRESS _____

ADDRESS _____

PHONE (H) _____
(W) _____

PHONE (H) _____
(W) _____

EMAIL _____

EMAIL _____

OCCUPATION _____

OCCUPATION _____

FINANCIAL INFORMATION: (Federal and State Tax returns, W-2's and records of nontaxable income required!)

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

Total number of people in household _____ Number of children _____. Special financial considerations (example: work layoff, disability) please explain on a separate piece of paper.

VOLUNTEER HOURS: _____(initial) I/We agree that I/we will volunteer a minimum of 25 hours per year for SAGWA, 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.

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DIRECTIONS: Please fill out the above information completely for **each** student applicant. Please be sure to submit the additional required documents found on our website, www.sagwa.org, click on scholarship form. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.** The completed application packet should be received by the appropriate deadlines (see application deadlines above) and submitted to:

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