

SAGWA TEACHER INFORMATION FORM

This form must accompany the Lesson Scholarship Application

PLEASE PRINT LEGIBLY OR TYPE

I. TEACHER INFORMATION

Teacher Name _____

Address _____

Phone _____

E-mail Address _____

Social Security #: _____

II. STUDENT INFORMATION

Name _____

Address _____

Phone _____

E-mail _____

III. TEACHER AUTHORIZATION (Please initial each point.)

____ 1. I am a current member of SAGWA and SAA.

____ 2. The above named student takes instrumental instruction from me.

____ 3. I understand that the above named student is applying for financial aid from SAGWA and I agree to participate in the process if the student is accepted.

____ 4. Accompanying this form, I am sending a recommendation letter about my student, a letter/policy sheet or information packet explaining my fees and billing system to the scholarship chair.

____ 5. I am required to submit my Social Security Number for tax reporting purposes and will receive from SAGWA a 1099-Misc income statement at the end of the calendar year.

____ 6. I will notify the SAGWA scholarship committee if my relationship with the student is terminated for any reason.

TEACHER'S SIGNATURE _____

DATE _____

The information that you provide will be kept in complete confidence.