

ROCKLAND CONSERVATORY OF MUSIC
45 S. Main Street • Pearl River • NY • 10965
845-356-1522 • Fax: 845-356-1729

# of Lessons	Length
Tuition	Scholarship
Balance	<i>For office use</i>

SCHOLARSHIP APPLICATION

VERIFICATION OF INCOME MUST BE PRESENTED WITH THIS APPLICATION

Scholarships are based on financial need and are subject to availability of funds.

This application form, proof of income, registration form and registration fee (\$20/family) are required.

<u>Names of Students Enrolled:</u>	<u>Instrument or Course:</u>	<u>Length of Lesson:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Mailing Address _____

Email: _____

Phone (home) _____ (cell) _____

Please complete only if student is under age 18:

Parent/Guardian name(s) _____

Occupation/Employer _____ Occupation/Employer _____

of persons in household _____

Please list income sources and bring supporting documents for verification by a staff member.

(i.e. most recent tax return, job wages, social security, welfare, AFDC, child support, alimony, etc.)

We will not make copies of your personal information. Confidentiality will be maintained.

Source 1 _____ Annual Income _____

Source 2 _____ Annual Income _____

Source 3 _____ Annual Income _____

Lesson fee is \$ _____ per week.

Indicate the amount you can afford per lesson/(per child) _____ (DO NOT LEAVE BLANK!)

NEW Student questions: *(Please answer the STUDENT questions **with** your child depending on age)*

1. Why do you want to take music lessons? _____

2. You will need to practice at least 20 minutes each day on your instrument. How will you fit this into your schedule?

RETURNING Student questions:

1. What do you like most about taking music lessons? _____

2. What is your favorite song or piece of music? What makes it your favorite?

PARENT/GUARDIAN

1. Why do you want your child to take music lessons? _____

2. Why is this scholarship important to you? _____

I certify that all of the information I have supplied is accurate and verified by my federal tax forms. I understand that I must submit a registration fee (\$20/family) with this application.

Signature of applicant _____ Date _____

SCHOLARSHIP INFORMATION

Scholarships at the Rockland Conservatory of Music are based on financial need and are subject to availability of funds. This application form, proof of income, registration form, registration fees (\$20 per family) and 10% of total registration are required. Confidentiality will be maintained. Below are the expectations for all students receiving financial aid.

1. **Punctuality:** The time spent with your teacher is valuable. If any student is unable to attend a lesson, the office must be notified by 12:00 noon on the lesson day or 12:00 noon on Friday for Saturday lessons to qualify for a make-up lesson. There are two make-ups per year.

Scholarship money must be allocated where it is needed most, so if you are absent without notice more than twice, your scholarship will be withdrawn and given to another student.

2. **Practice:** In order to progress, practice time must be set aside. While the focus is not ultimately on a high level of musical ability, it's important that all students show growth and improvement and a great level of commitment.

3. **Participation:** Your help enables the school to offer scholarships. Due to the great number of students applying for scholarship, those students and families who receive financial assistance are required to become co-operative partners with the school and are asked to take part in school activities, volunteering at special events and active involvement in performance classes and recitals. Please sign up for your volunteer hours at the time of your scholarship interview.

The scholarship program is made possible in part with public funds from the New York State Council on the Arts with the support of Governor Andrew M. Cuomo and the New York State Legislature, The Mingone-Eberhardt Family Gift, The Red Bandanna Charitable Trust and the Fleming-Fleur Family Gift, and individual gifts.

