



EVERGREEN HIGH SCHOOL

Instrumental Music Scholarship Application

The Evergreen High School Instrumental Music program does not wish to deny participation of any student based on financial hardship. Scholarships may be available based on the following conditions:

1. Students in need of financial assistance must submit the Scholarship Application Form to the director. Applications will be reviewed by Mr. Cruse and the ensemble director. A decision will be made based on need and availability of scholarship dollars. *Applications are confidential.*
2. Qualifications for scholarship include:
 - a. Student must be a fully participating member in good standing with the team.
 - b. Financial need must be explained with clarity so the director may offer appropriate assistance.
 - c. *Scholarship monies come from funds raised above and beyond operational costs of the program. All applicant families must commit to participate in ALL fundraising activities/events.*
 - d. It is expected parents/guardians of scholarship recipients help out at a certain number of rehearsals and/or performances as deemed necessary by the director.
3. Scholarships can be revoked for failure to comply with fundraising and volunteering requirements. Life happens. Decisions will be made on a case-by-case basis.
4. Submission of an application is no guarantee of scholarship. Amounts rewarded are dependent on funds available and number of students needing assistance. Amounts will be proportionate to need based on individual circumstance.

A successful season requires participation from all families, not just scholarship families. All parents/guardians will be asked to sign up for areas of volunteering and fundraising that fit their skills and abilities.

Applying for a scholarship, I have read and understand the information presented above.



Member Signature: _____ **Date:** _____

Parent or Guardian Signature: _____

Parent or Guardian Printed Name: _____

*return completed application form (2 pages) to Mr. Cruse



Application

Full Name of Student: _____
(Please print)

Address: _____

Telephone: _____

E-mail Address: _____

A scholarship would help my family because (share what you are comfortable sharing): _____

Member Signature: _____ **Date:** _____

Parent or Guardian Signature: _____

Parent or Guardian Printed Name: _____