



SCHOLARSHIP APPLICATION

Student Information

Name _____ Age/Grade in School _____
 Instrument _____ Years of Study _____
 Teacher _____ Years at SMSA _____

Family Information

Parent Name _____ Primary Phone _____
 Address _____ City/Zip _____
 E-mail _____ Number of family members enrolled in SMSA _____

Describe your family's involvement with SMSA- fund-raising, board service, etc.

How has SMSA impacted your child's overall growth as a musician and as a person?

Describe any special circumstances affecting your child's enrollment next semester.

Parent Signature _____ Date _____