



## Scholarship/Financial Assistance Application

Thank you for your interest in the White House of Music Foundation Scholarship Program. We recognize that for some families, the cost of private music lessons or instrument rentals can be prohibitive, and we would like to help provide music opportunities to any deserving and dedicated student. Scholarships are awarded according to need based criteria, with preference given to those families who might not otherwise be able to afford music lessons or instrument rentals without this support.

The size of each scholarship awarded will be determined based on the amount of scholarship funds available, and the relative need of the family. This application form is designed to help the scholarship committee make these determinations. All information in the application is held in the strictest confidence. We hope that through this process we will be able to make your child's desire for music lessons or a quality rental instrument a financial possibility for your family. Thank you for your interest and your application. If you have any questions about the White House of Music Foundation or this application, please call us at 262.798.9700 or email [foundation@whitehouseofmusic.com](mailto:foundation@whitehouseofmusic.com).

### **Important Information:**

- Students receiving the benefits of the scholarship monies, if awarded, must be enrolled in a licensed K-12 public, private or parochial school, and be between the ages of 5 - 18; scholarship funds are not available for Pre-k, college, post-graduate students, or adults over the age of 18.
- Scholarship funds, if awarded, will be awarded on a one-time-only basis. Once the award is used, families will need to reapply to be considered for additional awards.
- Families requesting scholarships or financial assistance for multiple children should complete a separate request form for each child.
- If awarded scholarships or financial assistance for instrument rentals, the White House of Music Foundation will deliver these monies to the music lesson, camp, or instrument rental provider directly. Payments will not be made to recipients.
- Signature of student's parent/guardian, school music instructor, and school administrator required.

### **Return application to:**

White House of Music Foundation

2101 N. Springdale Rd.

Waukesha WI 53186

[foundation@whitehouseofmusic.com](mailto:foundation@whitehouseofmusic.com)

# White House of Music Foundation Scholarship/Financial Assistance Application

## APPLICANT INFORMATION

Parent name: \_\_\_\_\_ Child name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Instrument: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_ Music Teacher: \_\_\_\_\_

## APPLYING FOR:

### \_\_\_ Financial assistance for instrument rental fees

From whom do you intend to rent your instrument (circle one)?

\_\_\_ School \_\_\_ White House of Music \_\_\_ Other (please list): \_\_\_\_\_

*Financial assistance amount requested: \$* \_\_\_\_\_

### \_\_\_ Scholarship monies for private music lessons

Where do you intend to take private music lessons?

\_\_\_ School \_\_\_ White House of Music \_\_\_ Other (please list): \_\_\_\_\_

Name of instructor: \_\_\_\_\_

Contact information for institution (if other than White House of Music):

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

*Scholarship amount requested: \$* \_\_\_\_\_

### \_\_\_ Scholarship monies for music camp

Name of camp: \_\_\_\_\_ Dates of Camp: \_\_\_\_\_

Camp contact information:

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

*Scholarship amount requested: \$* \_\_\_\_\_

Have you applied for White House of Music Foundation assistance before? \_\_\_\_ Yes \_\_\_\_ No

Has the child named on this application received White House of Music Foundation assistance before?  
\_\_\_\_ Yes \_\_\_\_ No

Does the child named on this application qualify for free or reduced lunch? \_\_\_\_ Yes \_\_\_\_ No

Please explain why you are applying for assistance (include any information that might be helpful such as: unusual medical expenses, unemployment, major business loss, limited resources, etc. Feel free to use the back if you need more space.)

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**Signature of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of student's school music instructor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of school administrator:** \_\_\_\_\_

**Date:** \_\_\_\_\_