

# West Michigan Junior Strings Scholarship Application

Must be submitted by January 5, 2017

PLEASE PRINT Student  
Name

\_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parents Names: \_\_\_\_\_

Date submitted \_\_\_\_\_ Phone: \_\_\_\_\_

School \_\_\_\_\_ Instrument \_\_\_\_\_

1. What is the total cost of your tuition? \_\_\_\_\_
2. Amount of request for ACWL? \_\_\_\_\_
3. Are you requesting funding from any other source? \_\_\_\_\_
  - a. If yes, please identify: \_\_\_\_\_
4. Does the student qualify for free or reduced lunch? \_\_\_\_\_  
(Scholarships are need based and will be considered for those with financial need first)
5. How much does your child practice? \_\_\_\_\_
6. Would you participate in a fundraiser to help offset tuition costs?  
\_\_\_ Sub sandwich fundraiser \_\_\_ Sell ads in program book  
Yes \_\_\_ No \_\_\_ Would you be interested in helping to run a fundraiser? \_\_\_\_\_
7. How is this program benefitting your child? (Please use the back side for additional space)

This form MUST be filled out in its entirety by (date) to be considered for a scholarship.

Available monies for scholarships are limited and shall be distributed based on financial need first

**Many thanks to our donors for their generous donation of scholarship funds:**

**Little Point Sable Fund of the Community Foundation for Oceana County and the Blyth Family Foundation**

