



## SCHOLARSHIP APPLICATION

**Summer 2018**

*Please complete this scholarship form and mail it to Southwest Music Academy, PO Box 1013, Las Cruces, NM 88004 or email to [info@swmusicacademy.org](mailto:info@swmusicacademy.org).*

Scholarship applications must be received by Friday, June 1, 2018.

Student's Name: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Student's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Monthly Family Income (net): \$ \_\_\_\_\_ Number of children in family \_\_\_\_\_

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

Work Ph. \_\_\_\_\_ Occupation \_\_\_\_\_ Alternate Ph. \_\_\_\_\_

Type of family assistance (i.e. SNAP), if any  
\_\_\_\_\_

Is parent a full-time student? \_\_\_\_\_ Part-time student? \_\_\_\_\_

Why does student want to participate in Southwest Music Academy?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of commitment will there be to attendance and practicing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of hardship would it be if student did not receive a scholarship?

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What can you afford to pay toward student's tuition (above and beyond the \$30 commitment fee)? \$\_\_\_\_\_

IF YOU HAVE ANY OTHER INFORMATION YOU FEEL WOULD BE AN IMPORTANT FACTOR IN DETERMINING YOUR CHILD'S NEED FOR A SCHOLARSHIP, PLEASE EXPLAIN ON A SEPARATE SHEET.

Scholarship Agreement: I understand that if my child receives a scholarship, it will be awarded contingent upon this application which will be reviewed by the SWMA Scholarship Committee. I further understand that the awarded scholarship will be contingent upon the quality of my child's participation and positive attitude; that if my child receives a scholarship, I will be required to volunteer for events throughout the semester as requested.

\_\_\_\_\_ I understand and agree to the conditions stated above. \_\_\_\_\_ I agree to volunteer my time to help as requested.

\_\_\_\_\_  
Parent/Guardian signature Date