



Assistance Based Scholarship Application

This application must be completed in full in order to be considered for a scholarship. All information will remain confidential.

Student's Name _____ Date of Birth _____

School _____ Grade _____ Free Lunch? Yes No

Parent's Name _____

Address: _____

Phone _____ Email address: _____

Cell Phone _____ Single or Married? _____

Occupation of Father _____ Occupation of Mother _____

Number living in household: Adults ___ Children ___ Total household **MONTHLY** income _____

What class are you registering for? _____

Tuition price of class: _____ Maximum you can pay: \$ _____ (total) OR \$ _____/Month

Are you currently enrolled in a Music Time Learning Center class? _____

Have you previously received a scholarship from the Gwinnett School of Music or Music Time Learning Center? _____

Briefly describe your need for financial assistance and what you hope Music Time Learning Center can provide for you and your child. (Use back if necessary)

I understand that if I am awarded a scholarship I must attend at least 75% of the classes and all payments must be on time in order to be eligible for future scholarships.

Signature _____ Date _____

Media Release Form (Optional)

I give permission to Music Time Learning Center, Inc. (MTLC) to photograph my child _____ . It is my understanding that these photos may be used for public viewing on MTLC’s promotional materials such as websites, brochures, posters and annual reports. I agree to release these pictures without financial remuneration and I understand that this releases MTLC, and their respective instructors from any future claims and liability arising from the use of said photograph(s).

Parent/Guardian Signature: _____ Date: _____

Return Form to: *Mail: 1747 Tidewell Trace, Lawrenceville, GA 30043*
Email: info@MusicTimeLearning.org
Fax: 770-682-8112

**Music Time Learning Center
A 501(c)3 Corporation
www.MusicTimeLearning.org**

Music Time Learning Center strives to provide high quality music education opportunities and resources for children of all ages, regardless of finances, that will promote mental and emotional health as it enhances the overall learning process through the power and joy of music.

FOR COMMITTEE USE ONLY

Approve Disapprove Scholarship Amount: \$ _____ Semester _____

Board Member Signature: _____