

AMERICAN HERITAGE
LYCEUM ORCHESTRAS

SCHOLARSHIP APPLICATION

Participant Name(s) _____ and age _____ Instrument _____

Parent Name _____

Address _____ Email(s) _____

Home Phone(s) _____
Mobile Phone(s) _____

Scholarships Available (Check all that apply)

- Need Based
- Talent Award
- Family Discount (3 or more participants from one family)

Your Household's Total Annual Income (Check one)

- \$0 - \$25,000 \$25,000 - \$49,999 \$50,000 - \$69,000 \$70,000+
(All information disclosed in this application is for internal use and will not be disclosed to any other party)

Using the reverse side or separate sheet of paper, please describe why you are applying for this scholarship. All applicants will be reviewed following a successful audition.

Need Based applicants, please include why this musical experience would be especially beneficial to the applicant and any circumstances indicating the level of financial need.

Talent Awards will be determined primarily based on audition. Applicants may want to include information such as number of years on instrument, number of years with private teacher(s), other awards, accolades, or music festivals attended. Applicants may also submit optional letters of recommendation from private teachers or directors.

Family Discount scholarships are reserved for families with 3 or more accepted participants. Please include why this musical experience would be especially beneficial to your family.

I, the undersigned, attest that the information above is true and accurate to the best of my knowledge. Further, I understand that submitting this application in no way guarantees financial assistance from Lyceum Music Festival.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____