

Sacramento Valley Symphonic Band Association
www.svsba.net
Application for Middle School Music Lessons Scholarship

Part I: Referring Teacher or Conductor

Name: _____
School/Band Name: _____
Phone: _____ Email: _____

Part II: Student Information

Student Name: _____ Age: _____
School Name: _____ Grade: _____
City/Town: _____ Instrument: _____
Parent/Guardian Name (s): _____

Phone: _____ Email: _____
Phone: _____ Email: _____

Are you currently receiving private lessons? Yes No
If you are currently receiving private lessons, please provide the following information:

Name of Current Private Teacher: _____
Email: _____ Phone: _____

Part III: Additional Information

Please list student's current musical activities:

1. _____
2. _____
3. _____
4. _____
5. _____

On an additional page, please provide a short explanation for why this student should receive a Music Lessons Scholarship (teacher and student).

Please submit completed applications to Susan Hamre at 'director@capitolpops.org' or to your band director. Forms should be received by December 31st for spring semester, or June 30th for Fall semester