



THE MUSIC TEACHERS' ASSOCIATION OF CALIFORNIA
SANTA CRUZ COUNTY BRANCH

OPPORTUNITY GRANT SCHOLARSHIP APPLICATION FORM

STUDENT: Please write a short letter that tells the following things: (You may use the space on the reverse side, or use a separate sheet of paper.)

1. Do you play a musical instrument?
2. Have you ever had music lessons?
3. Why do you want to take lessons?

PARENT OR GUARDIAN:

1. Please write a brief statement explaining your present financial situation. Please include additional information about the prospective student which might be helpful in the selection process.
2. Include with this application a photocopy of the first page of your Internal Revenue Form 10-40 OR current proof of receipt of Aid For Dependent Children. Applications without verification of financial situation will not be considered for a scholarship.
3. Include with this application a letter of recommendation from a past or present classroom teacher of the applicant (required), and from other adults (optional) who know the applicant and can attest to his/her seriousness of purpose, musical aptitude, and/or other personal qualities.
4. Complete the following. Print or type.

Student's name _____ Date of birth _____

Instrument _____ Do you have an instrument
for your student? yes ___ no ___

Name of school as of this coming September _____ Grade next September _____

Name of parent or guardian _____ Relationship to student _____

Mailing address _____

Telephone: Home _____ Telephone: Work _____

5. Briefly state why you would like your child to pursue private music lessons:

6. Financial Information: Answer all questions with an amount or "none". List total income from all sources, *per month*.

AFDC _____ Alimony _____

SSI _____ Child Support _____

Wages (personal and spouse's) _____

Wages (others in household) _____

Other income (please explain)_____

Number of family members_____

This information is required to determine degree of financial need and will remain confidential.

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Your checklist for application:
(all items are required)

- Completed application form
- Statement of financial situation
 - Letter from student (if on separate sheet)
 - Photocopy of 1st page of Internal Revenue form 10-40 OR AFDC
 - Letter(s) of recommendation

Mail to: Kit Birskovich, OG Chairperson, 528 Windham St., Santa Cruz, CA 95062.

(Student letter space -- see reverse side first item)