

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 most recent Internal Revenue Form 10-40 OR current proof of receipt from CalWORKs. 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:

\_\_\_\_\_  
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

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Telephone: Home/cell

\_\_\_\_\_  
Work

\_\_\_\_\_  
Email address

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**.

CalWORKs \_\_\_\_\_ 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.*

\* \* \* \* \*

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  
or form 10-40, or CalWORKs; or other proof of income
- \_\_\_ Letter(s) of recommendation

**Mail to: Kit Birskovich, OG Director, 1027 N. Branciforte Ave., Santa Cruz, CA 95062.**

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