

*Southwest Washington Symphony*  
*Board of Directors*

Dear Scholarship Applicant:

The Southwest Washington Symphony Board of Directors is pleased that you have chosen to apply for a **Southwest Washington Symphony Scholarship**. The mission of the Symphony is to support youth through music education. Specifically, we aim to provide young people who may need financial assistance with an opportunity to further their musical talents through private lessons.

IMPORTANT INSTRUCTIONS

- It is important to answer all questions on the application form completely and accurately.
- Information provided on the application is confidential and will not be shared.

Applications are reviewed and evaluated according to the following criteria:

1. Instrumental applicants must be between grades 5 to 12 students residing in the Southwest Washington area.
2. Vocal applicants must be grades 8 to 12 students residing in the Southwest Washington area.
3. Families must describe the reasons why financial assistance is needed.
4. Families are expected to contribute financially to the student's lessons.

Sincerely,

Southwest Washington Symphony Board of Directors

*Southwest Washington Symphony*

*Board of Directors*

**SCHOLARSHIP APPLICATION**

Applicant name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_ Home School:    yes    no (circle one)

Parent/Guardian Name \_\_\_\_\_

**To be completed by the student:**

Describe your interest and goals in music. Include previous musical experiences, including private lessons, instruments studied, solos or performances.

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**Applicant/Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Private Music Teacher Name:** \_\_\_\_\_

Music Teacher Email: \_\_\_\_\_

Music Teacher Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Music Teacher Address: \_\_\_\_\_

Please provide the name and contact information of a music teacher, either from school or a private teacher who can attest to the applicant's current musical skills.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

*Southwest Washington Symphony*

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**SCHOLARSHIP APPLICATION**

Briefly describe circumstances or a family situation/hardship that demonstrates a need for financial support from the Southwest Washington Symphony.

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The scholarship year begins September 1, 2022

**The application deadline is July 15, 2022**

Applicants will receive notification by August 15, 2022. Family members will not be considered as private instructors for purposes of awarding scholarships.

Cost per lesson: \$ \_\_\_\_\_ Family contribution per lesson: \$ \_\_\_\_\_

Total yearly cost for lessons: \$ \_\_\_\_\_

Family contribution: - \$ \_\_\_\_\_

Total Scholarship Request: \$ \_\_\_\_\_

*(This amount should be the difference between total cost and family contribution.)*

Please send both pages of the completed application to:

**Southwest Washington Symphony**

Attn: Kris McElroy-Weber

1224 22<sup>nd</sup> Ave

Longview, WA 98632

Phone 360-425-8035

Email [kmcelroy@cni.net](mailto:kmcelroy@cni.net)