LOIS WHITNER STUDY GRANT

 DUE DATE: MAY 17th

 NOTIFICATION DATE: JUNE 10th

PURPOSE: to provide financial assistance for continued private study to committed music students who demonstrate financial need.

GUIDELINES

1. The grant is open to music students currently in grades 8-11 who have studied a minimum of 4 years and whose teachers are members (of at least 12 months standing) of WSMTA.

1. The applicant will be considered on a basis of financial need and musical commitment.

1. The applicant must have participated in WSMTA adjudications.

1. Grants up to $1,500 may be awarded. The applicant must explain specifically how the funds will be used. The grant will be for a period of not more than one year and may be approved for additional years at the discretion of the Student Grant Committee. Students seeking grant renewal must submit another application to the committee for consideration.

1. The grant may only be used to offset the cost of music lessons, theory, or composition classes, or tuition for music camps.

1. The grant will be sent directly to the teacher or camp/program director as per applicant’s instructions.

1. The number of grants awarded in any year will be determined by the number of qualified applicants and the available funds. All decisions of the Student Grant Committee are final.

1. Only complete applications will be considered. The 5-part application form must include:
	1. Student Application
	2. Confidential statement of financial need.
	3. Music Teacher Recommendation
	4. Copy of current WSMTA Adjudication comment sheet.
	5. Recommendation of non-family person

**Send complete application to:**

 **Selina Chu**

**25446 SE 42nd St.**

**Sammamish, WA 98029**

Washington State Music Teachers Association

Affiliated with

Music Teachers National Association

# LOIS WHITNER STUDY GRANT Student Application

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current grade in school \_\_\_\_\_\_\_\_\_\_\_

Primary instrument \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Length of study \_\_\_\_\_\_Teacher(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other instrument \_\_\_\_\_\_\_\_\_\_\_\_\_Length of study \_\_\_\_\_\_\_Teacher(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Give a brief description of your musical studies including technique and repertoire. (Use back of sheet if necessary)

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1. Why is the study of music important to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 III. Describe your other music activities. (Use back of sheet if necessary)

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1. Include a detailed budget explaining how the grant money will be used. (For example: estimated total cost of music camp, cost of music courses, tuition cost for lessons)

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1. Are you currently receiving any other WSMTA financial assistance? Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Washington State Music Teachers Association

Affiliated with

Music Teachers National Association

**LOIS WHITNER STUDY GRANT Confidential Statement of Financial Need**

Name of student applying for grant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person making this statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

If not parent, in what capacity and for how long have you known the applicant?

All information is strictly confidential. Please include all information that you feel will support your statement of financial need. (e.g. number and ages of children you financially support, college expenses, place and position of employment, yearly income, etc.)

Statement:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LOIS WHITNER STUDY GRANT Teacher Recommendation**

Name of student applying for grant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of teacher making this recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has the student studied with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recommendation. (Include information re applicant’s financial need, commitment to music study, and WSMTA adjudications. Use back of sheet if necessary.)

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**LOIS WHITNER STUDY GRANT Recommendation**

Name of student applying for grant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person making this recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what capacity and how long have you known the applicant?

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Recommendation. (Use back of sheet if necessary.)