



Downtown Music Lab Scholarship Application

Date: _____
Student Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

TO BE FILLED OUT BY PARENT/GUARDIAN

Parent/Guardian Name: _____

Mother Place of Employment: _____

Father Place of Employment: _____

Is either parent currently disabled? _____

Annual Household Income (including child support/disability \$ _____

Number of persons in household (including yourself) _____

The family is experiencing a time-limited emergency (please state the nature of the emergency): _____

General Consent Form

I am requesting a needs based scholarship for my child, _____, to participate in DML activities annually. I am supplying the above listed information in order to qualify for scholarship funds. I understand this information will be held confidential by staff and volunteers of the DML. I promise that all the above information I have provided is accurate and true.

Parent/Guardian Signature

Date