

## Scholarship Cover Page

- **Completed Application**
- **Verification of Income**
- **Additional Information about Income (as needed)**
- **Letter of Recommendation from DMTA teacher**

**I have compiled the scholarship application packet and verify the above materials are included.**

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**Signature of DMTA teacher**

**Date**

Applications will not be submitted for review by the DMTA Board unless all the application information is included with the packet. It is the teacher's responsibility to make sure all the information is included.

Mail or deliver entire packet to:

Jennifer Hancock  
% Triangle Music School  
4815 Hillsborough Road  
Durham NC 27705

Kindly give her a call or text to let her know documents are on the way...919.309.9834.

*Durham Music Teachers Association*  
*Organized January 1967*  
*DMTA Scholarship Committee*

## Parent/Student instructions:

Please gather your required financial documents (copies of tax returns, W-2s, and/or paystubs) and please cross out any sensitive information like social security numbers. We will keep your information confidential and shred items once our review is complete. Place financial documents in a sealed envelope.

Complete this form and give application plus sealed financial documents to your teacher at least two weeks before the deadline: August 1 for Fall/full-year scholarship or January 1 for Spring/half-year scholarship. All application materials are submitted through your teacher.

If you have any questions, ask your teacher or contact the Scholarship Chair, Jenn Hancock, at 919-309-9834 or [scholarship@durhammusicteachers.org](mailto:scholarship@durhammusicteachers.org)

# Scholarship Application Form

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Student email: \_\_\_\_\_

Name of Parent/Guardian/Sponsor: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Phone: work \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_

email: \_\_\_\_\_

# of people living in household: \_\_\_\_\_

Name of teacher recommending you: \_\_\_\_\_

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

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

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

How long has the student been studying with this teacher? \_\_\_\_\_

Instrument presently studied: \_\_\_\_\_

Instrument available for practice (circle) YES NO

For voice students, vocal classification (if known): \_\_\_\_\_

*The teacher recommending your student will evaluate the child's potential, interest, and home support. The scholarships are intended for students who would not otherwise be able to take lessons because of financial considerations. Please describe your situation, documenting with a copy of your IRS form (the page which shows your income) where possible. If not possible, verify income with a copy of a pay stub, receipt, etc. All such information will be kept confidential.*