

**Music Angels Education Fund**  
Application for Financial Assistance  
P.O Box 650489  
Vero Beach, FL 32965

Scholarships provided through **Music Angels** allow underserved children from ages 4 to 17 to study under the tutelage of appropriate music instructors at reduced or no cost to the student. Assistance could also include the use of an appropriate musical instrument. **Music Angels**, a 501(c) organization, is funded by its founder Linda Sposato and tax-deductible donations.

Application for scholarships require this written application form before they can be considered. Applications are reviewed by the **Music Angels** Board of Directors. Selection is based on the music potential of the applying student with financial need, age fit, and the ability to devote quality and sufficient time to the study.

**Student application information:**

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

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ EMail: \_\_\_\_\_

Please list any applicant's extra- curricular activities that require substantial time or participation fees and/or if the student is currently taking other music lessons.

\_\_\_\_\_  
\_\_\_\_\_

**Description of Requested Education:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Tuition Request:** Based on the individual student needs **Music Angels** will provide a percentage of the tuition cost required. Since we are a "by donation not-for-profit" we ask that parents or guardians contribute what they can. **Music Angels** reserves the right to request a copy of the families latest federal and state tax return.

**Student's family or Parental information:**

Student lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Relative \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Employed by \_\_\_\_\_

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

**Financial Information:**

Monthly Household Income     \$ \_\_\_\_\_

Other sources of Income        \$ \_\_\_\_\_

Total living in Household \_\_\_\_\_ Total number of children living in household \_\_\_\_\_

Is applicant child eligible for free or reduced-price meals at school? Y \_\_\_\_\_ N \_\_\_\_\_

Are there any other income or financial circumstances to be considered? If yes, please explain:

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**Scholarship terms and conditions:**

- Scholarships are granted based on financial need.
- Scholarships are awarded for a 3-month acceptance period to determine fit of student and teacher. Upon Teacher’s recommendation that student has shown advancement and attendance requirements, the award will be extended for a period tied to the school year for a year duration basis. The year will be based on the scholarship approval date and end on the anniversary date. Scholarships may be extended on the anniversary date based on student’s performance and dedication to the terms and milestones set forth by **Music Angels** and the teacher assigned to the student.
- Scholarships are awarded to the applicant student and are not transferable to any other family member or person.
- The student must be prepared for their lessons and attend all lessons on time. Absenteeism or non-preparedness are cause for suspension or adjustment of terms of the scholarship.
- The parent or guardian agrees to be available for volunteer assistance for the student.
- The parent/guardian agrees to permit the student to participate in public and private concerts planned or supported by **Music Angels Education Fund, Inc.**

**Additional Required Information:**

- We would like to receive a letter of recommendation from a teacher, neighbor or community leader. (Non-family member please)
- For student 8 years or older, we would like a copy of a recent school report card.
- Interview discussion

**I understand the terms and conditions and affirm that the information submitted is true and accurate**

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

**Please submit application to:**

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