

25-26 Scholarship Application:

Student Information

- **Student Name:** _____
- **Age:** _____ **School:** _____
- **Parent/Guardian Name (if under 18):** _____
- **Phone:** _____ **Email:** _____

Program Interest: Please select all that apply:

- ☐ Private Lessons ☐ Group Class ☐ Ensemble/Band ☐ Camp/Workshop

Preferred Instrument(s): _____

Instructor (if known): _____

Scholarship Type (check one)

- ☐ **Need-Based Scholarship** – For families requiring financial support.
- ☐ **Merit Scholarship** – For students demonstrating exceptional effort, leadership, or musical growth.

Short Answer (required): Please respond to the following questions briefly (parents may assist younger students):

1. **Why do you want to study music, and what inspires you to learn?**

2. **How would this scholarship help you continue your musical journey?**

3. **Tell us about one of your musical goals this year.**

Financial Information (for need-based applicants only)

Please describe your family's current situation and any special circumstances you'd like us to consider. (All information is confidential.)

Agreement

I certify that the information provided is true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Submit applications to:

info@ozzysmusicacademy.com