

MTAC - SCHOLARSHIP APPLICATION



Student Name: _____ Parent Name: _____

Student Phone: _____ Student Email: _____

Additional Contact information: _____

Teacher Name: _____ Teacher Phone: _____

Teacher Email: _____ Years of study with MTAC teacher: _____

Instrument: _____ School: _____

Year in School: _____ Number of Siblings: _____

Annual Household Income: \$ _____

On a separate page, please outline your plans and goals pertaining to your musical education:
(To be filled out by the student)

On a separate page, please outline your financial circumstances, and how this scholarship could help your family: (To be filled out by the parents)

On a separate page, please outline specific reasons you believe your student is deserving of this scholarship award: (To be filled out by the teacher)

Student Signature: _____

Parent Signature: _____

Teacher Signature: _____

Once your application is complete, please mail it to:
Kate Prestia-Schaub – MTAC Scholarship Program
28895 Ernest Way
Murrieta, CA 92563