

# 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  
35604 Suzette Ct.  
Winchester, CA 92596