

# 2018 STAHR Spring Workshop

## Application for Need-Based Financial Assistance

(Please print clearly and fill out completely)

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STUDENT NAME	AGE	INSTRUMENT
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PARENT NAME (S)	PHONE	EMAIL
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STREET ADDRESS	CITY	STATE	ZIP
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TEACHER'S NAME	PHONE	EMAIL
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YEARS OF STUDY	AMOUNT OF DAILY PRACTICE TIME
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**To be considered for a need-based scholarship, please include this form (signed) with the following:**

1. Completed workshop application/registration
2. Letter of evaluation from your private teacher (print attached form)
3. Indicate which level best describes your family's gross income  
 \$10,000-25,000     \$26,000-40,000     \$41,000-60,000     \$61,000+
4. Will you be able to attend without financial assistance? Y or N
5. What can your family contribute towards your registration fee? \_\_\_\_\_
6. How many children will you have attending the workshop? \_\_\_\_\_
7. Please write a short narrative explaining why you are in need of financial assistance for your child to attend the STAHR Spring Workshop. All information will be kept in confidence.

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail no later than January 5<sup>th</sup> to:** STAHR Scholarship c/o Megan Van Gimple  
 596 Mowbray Arch  
 Norfolk, VA 23507

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## Letter of Evaluation

**Teachers:** Please complete the following evaluation form to the best of your knowledge and put in a sealed envelope to be sent with your student's scholarship application form. All Evaluations must be received by **February 1<sup>st</sup>** to be considered for a scholarship. Your time and effort is greatly appreciated.

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

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

1. How long has this student been studying with you? \_\_\_\_\_

Please comment on the following:

2. Musical Maturity:

3. Technical Maturity:

4. Family Commitment to the Suzuki philosophy:

5. Student's eagerness to learn:

6. Student's preparation level for weekly lessons:

7. Awareness of financial need

8. Use the space below to make any other comments regarding strengths, weaknesses, any special needs of this student, or any other information you feel will be helpful.

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_