

2012 STAHR Spring Workshop
Application for Need-Based Financial Assistance
(Please print clearly and fill out completely)

STUDENT NAME AGE INSTRUMENT

PARENT NAME (S) PHONE EMAIL

STREET ADDRESS CITY STATE ZIP

TEACHER'S NAME PHONE EMAIL

YEARS OF STUDY AMOUNT OF DAILY PRACTICE TIME

To be considered for a need-based scholarship, please include this form (signed) with the following:

1. Completed workshop application/registration (non-STAHR members must send \$5 application fee)
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.

Parent Signature _____ Date _____

Mail no later than February 1st to: STAHR Scholarship c/o Megan Van Gimple
596 Mowbray Arch
Norfolk, VA 23507

2011 STAHR Spring Workshop 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 1st 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 _____