



# SCHOLARSHIP APPLICATION

2016-2017 Season

APPLICANT INFORMATION	
Last Name:	First Name:
Primary Instrument:	Years of Experience:
How many years have you been a member of SMART? ( <i>check one</i> ) <input type="checkbox"/> 0 years (new member) <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3+ years	How many family members do you have performing with the SMART Orchestra this season?
AWARD AMOUNT	
Please select the scholarship amount you are applying for: ( <i>check one</i> ) <input type="checkbox"/> \$50 ( <i>25% off of membership dues</i> ) <input type="checkbox"/> \$100 ( <i>50% off of membership dues</i> ) <input type="checkbox"/> \$150 ( <i>75% off of membership dues</i> ) <input type="checkbox"/> \$200 ( <i>100% off of membership dues</i> ) – <i>Only awarded in rare/exceptional cases</i>	
ESSAY	
Please describe your interest in joining the SMART Orchestra and how this scholarship will help you: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
AGREEMENT	
By signing below you... <ol style="list-style-type: none"> <li>1. Acknowledge that the information on this application is correct and true to the best of your knowledge.</li> <li>2. Acknowledge your understanding that submission of this application form does not guarantee the applicant any form of financial assistance and that applicants may still be required to pay a portion or full amount of the standard membership dues.</li> <li>3. Acknowledge your understanding that amounts will be awarded based on funds available and will only be dispersed to the most qualified applicants or applicants with the most financial need as determined by the SMART Board of Directors.</li> </ol>	

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date