

# The John G Shedd Institute for the Arts

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## Confidential application for Private Lesson Scholarship Support, School Year 2016-17

Need-based scholarships covering a portion of the tuition is available for students who have had some experience with their chosen instrument (or voice/dance) and want to pursue additional training. We ask for a short recommendation letter/email from a music teacher about the student's experience and commitment to this instrument. (Note: if a student is a complete beginner we recommend starting with a class to first become more acquainted with the instrument).

Full tuition ranges from \$20-28 per 30 minutes of private lessons, depending on the instructor's teaching rate. We may ask you to consider participating in semi-private instruction or bi-weekly lessons in order to make our limited scholarship funding stretch further.

Please submit this form and the recommendation letter to:  
Registrar, The Shedd Institute, PO Box 1497, Eugene OR 97440-1497

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ School \_\_\_\_\_ Current Music Teacher \_\_\_\_\_  
Instrument/lesson type requested \_\_\_\_\_ Instructor requested \_\_\_\_\_

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Party responsible for payment \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_

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Parent/ Adult student's name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Partner's name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Number of dependent children \_\_\_\_\_ Ages \_\_\_\_\_ Annual combined earnings \_\_\_\_\_  
We qualify for free /reduced lunches: \_\_\_\_yes \_\_\_\_no Student's Ethnicity: \_\_\_\_\_

*(optional, but helps us with grant reporting)*

### STATEMENT OF FINANCIAL NEED

Scholarship funds are limited and based on need. Please explain your reasons for needing financial assistance in enough detail to permit effective and equitable distribution of funds. Scholarship considerations are based on family income/financial need, family size, and highly extenuating circumstances.

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All of the information provided on this form is true and to the best of my knowledge.

Parent/Adult student signature \_\_\_\_\_ Date \_\_\_\_\_