

Scholarship Information

As a member of the National Guild of Community Schools of the Arts, The University of Alabama Community Music School offers financial assistance to students who may otherwise not be able to study. Assistance is awarded based on demonstrated financial need, number of students who apply, and available funding. To apply for financial assistance from the Community Music School, you must fill out a new scholarship application and return it to our office by **July 15** in order to be eligible for assistance during the following year (August - May). Applications received after that date will be considered only if funding is refused by those receiving awards. Scholarship applications are available online OR a hard copy can be picked up at the CMS office (located in the holder beside our office door).

Due to decreased private and corporate donations in recent years, scholarship allocation will undoubtedly be more competitive. Allocation is based financial need. Teacher recommendations can be mailed or brought separately to our office or sent via e-mail to: jweigel@music.ua.edu

The policies for those receiving awards are as follows:

- Scholarships will be revoked for poor attendance. No more than two missed lessons per semester for reasons other than illness are allowed.
- Withdrawal from lessons during the semester for any reason except prolonged documented illness or other special circumstances approved by the CMS Director will result in complete revocation of the scholarship. Withdrawals involving the above exceptions will receive awards prorated according to the number of lessons received at the date of withdrawal.
- Scholarship students' progress will be monitored. The CMS reserves the right to discontinue the award and lessons to any student whose work or behavior is deemed unsatisfactory. Scholarship aid is awarded only with a positive recommendation as given on the teacher recommendation form.
- Scholarships are awarded competitively on the basis of available scholarship money, financial need, and number of applicants. All students are eligible to apply. Awards will be deducted from the total tuition charge.
- Scholarship students' account balances *must remain in good standing* each semester. Overdue balances must be cleared before scholarships can be registered.

The Scholarship Committee reviews applications annually (July 15 - 31) and scholarship award letters are mailed on or before August 1. If you have any questions contact the CMS office at 348-6741 or via e-mail: jweigel@music.ua.edu

Dr. Jane Weigel, Director
The Community Music School

The University of Alabama Community Music School
FINANCIAL AID APPLICATION
Academic Year for Application: 20 - 20 .
Today's Date: _____ .
(CONFIDENTIAL)

STUDENT INFORMATION (Please Print):

Student's Name _____ Age _____
New Student _____ Returning Student _____
Instrument or Class _____ Lesson Length _____
Years of Study _____ Current Instructor _____
Home Phone _____
Home Address _____

Street City State Zip

PARENT OR GUARDIAN INFORMATION:

Father's Name _____
Home Address (if different) _____

City State Zip

Occupation _____
Employer's Name _____
Work Number _____ Cell Number _____

Mother's Name _____
Occupation _____
Employer's Name _____
Work Number _____ Cell Number _____

FINANCIAL INFORMATION - please provide gross yearly income figures for this year.

Father \$ _____ Mother \$ _____ Student \$ _____
Miscellaneous Income \$ _____ Total Yearly Gross Income \$ _____
Number of people supported with this income _____

* Describe any unusual expenses which might help determine need on the reverse of this page.

SCHOLARSHIP AID

Amount of Scholarship Aid requested \$ _____ Total tuition costs \$ _____

ATTACHMENTS (please provide the following support documents)

Federal 1040 for last tax year; if income has changed dramatically, attach narrative.
Teacher Recommendation Form (or have teacher e-mail: jweigel@music.ua.edu)

AGREEMENT: I declare that I have completed this form, and to the best of my knowledge I believe it to be true, correct and complete.

Signature of Parent or Guardian Date

Application Due Date: July 15

Recommendation Form

NOTE: If the student will be a new student at CMS please use the recommendation form on the next page.

COMMUNITY MUSIC SCHOOL FINANCIAL AID TEACHER RECOMMENDATION FORM

This page must be completed in order for the scholarship application to be considered or reviewed.
Please return this form to the CMS office by July 15. Incomplete applications will not be considered after July 15.

Student's Name: _____
Instrument: _____

***** Please answer the following questions about this student *****

Did the student miss more than two (2) lessons this past semester? _____

If yes, for what reason(s)? _____

Does she/he come to lessons prepared? _____

If no, please explain _____

Is she/he enthusiastic about musical study? _____

If no please explain _____

Did this student participate in any CMS recitals/performances? _____

If no please explain _____

In your opinion, does this student show potential for musical growth? _____

If no please explain _____

Do you feel this student should receive financial aid from the Community Music School? _____

Signature of Teacher

Date (month/day/year)

Recommendation Form

This page must be completed in order for the financial aid application to be considered or reviewed. It is your responsibility to give this form to the individual most closely associated with your background and potential.

Applicant Name: _____

Instrument: _____

Recommending Person Name: _____

Recommending Person Address:

Street

City

State

Telephone

Zip

Association with the applicant: _____ Number of years: _____

Assessment of applicant in the following areas: (Please circle)

Commitment to study: Quite high Above average Average Low

Present level of accomplishment: Quite high Above average Average Low

Potential for growth: Quite high Above average Average Low

Do you recommend this student for private study at the Community Music School? _____

Please append any other comments you feel would be useful in considering this candidate's request for Financial Aid at the Community Music School (Feel free to use the other side or attach additional sheets)

Signature of Recommending Person: _____ Date: _____

Please return this completed Recommendation Form to:

**Community Music School
School of Music
The University of Alabama
Box 870366, 171 Moody Music
Tuscaloosa, AL 35487-0366**