

# The Friese Studio of Music, Inc.

204 Arnow Drive, St. Mary's, Georgia 31558 (912) 576-6801

## The Friese Studio of Music Scholarship Application

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Voice or Instrument Experience \_\_\_\_\_

Acting / Theatre Experience \_\_\_\_\_

Skill Level \_\_\_\_\_

Are you currently a student of The Friese Studio of Music? Y \_\_\_\_\_ N \_\_\_\_\_

Instructor Name \_\_\_\_\_ Voice/Instrument \_\_\_\_\_

Additional info about you or your child we should know  
\_\_\_\_\_

Scholarship request: Workshop / Camp / Class / Group \_\_\_\_\_

Amount: Total: \$ \_\_\_\_\_ One Time Fee: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_

Additional Fees: \$ \_\_\_\_\_ Registration Fee \$25.00 \_\_\_\_\_

Reason for request \_\_\_\_\_  
\_\_\_\_\_

Student / Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing, you agree to fulfill the requirements of the program for which you are enrolled. Attendance is mandatory for scholarship recipients.

Staff Only Below this Line  
\_\_\_\_\_

Authorization \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_