



The Rotary Club of Kona Community Foundation

Alice Daniel Music Fund CERTIFICATION FORM

Scholarship Disbursement Committee

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**NOTE: THIS FORM IS FOR CERTIFICATION OF
LESSONS AT THE END OF EACH SEMESTER**

AWARD YEAR (July-June): 2021-2022

CURRENT SEMESTER: 1 (Jul-Dec)

2 (Jan-Jun)

STUDENT CERTIFICATION

STUDENT NAME: _____

HOME ADDRESS: _____

PHONE: (home) _____ (cell) _____

EMAIL: _____

I CERTIFY THAT I ATTENDED LESSONS AND PRACTICED DURING THE CURRENT SEMESTER.

(signature) _____ (date)

TEACHER CERTIFICATION

TEACHER NAME: _____

HOME ADDRESS: _____

PHONE: (home) _____ (cell) _____

EMAIL: _____

I CERTIFY THAT THE STUDENT NAMED ABOVE ATTENDED LESSONS, PRACTICED AND MADE PROGRESS DURING THE CURRENT SEMESTER.

(signature) _____ (date)