The Rotary Club of Kona Community Foundation

Alice Daniel Music Fund APPLICATION FORM

Scholarship Selection Committee
1036 Ahikawa St
Kailua-Kona, HI 96740
Phone: 808-989-0171
Email: alicedanielmusicfund@gmail.com

Date of Application:_____

PERSONAL INFORMATION

STUDENT NAME: _____

BIRTHDAY (m/d/yy): _____ SCHOOL/GRADE: _____

GUARDIAN/S NAMES: _____

HOME ADDRESS: _____

_____

PHONE: (home) _____ (cell) _____

EMAIL: _____

What do you hope to achieve by taking music lessons?

TEACHER CERTIFICATION

TEACHER NAME:_____

HOME ADDRESS: _____

_____

PHONE: (home) _____ (cell) _____

EMAIL: _____

LESSONS/WEEK: _____ LESSONS/SEMESTER: _____ CHARGE PER LESSON: $_____

LESSONS INCLUDE INSTRUCTION IN READING MUSIC AND/OR MUSIC THEORY: YES NO

I CERTIFY THAT THE STUDENT NAMED ABOVE IS CAPABLE AND MOTIVATED TO BENEFIT FROM THE LESSONS TO WHICH THIS SCHOLARSHIP WILL CONTRIBUTE.

_____

(signature) (date)