



Door County String Academy Scholarship Application

DEADLINE TO APPLY: TUESDAY, SEPTEMBER 1st, 2009

Families who apply for financial assistance can apply for help paying a portion of tuition and/or instrument rental. Once all of the applications have been received, the scholarship committee will meet and award scholarships based on need.

Applicant's Name: _____ Student's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail Address: _____

Applicant's Employer _____ Annual Income _____

Spouse's Employer _____ Annual Income _____

LIST ALL INDIVIDUALS RESIDING IN YOUR HOUSEHOLD

Adult #1 Name _____

Adult #2 Spouse/Significant Other _____

Children (List Last Name if Different)

First and Last Names	Relationship	School/College	Grade
_____	_____	_____	_____

Children (List Last Name if Different)

First and Last Names	Relationship	School/College	Grade
_____	_____	_____	_____

Children (List Last Name if Different)

First and Last Names	Relationship	School/College	Grade
_____	_____	_____	_____

Children (List Last Name if Different)

First and Last Names	Relationship	School/College	Grade
_____	_____	_____	_____

Children (List Last Name if Different)

First and Last Names	Relationship	School/College	Grade
_____	_____	_____	_____

Children (List Last Name if Different)

First and Last Names	Relationship	School/College	Grade
_____	_____	_____	_____

PLEASE CONTINUE ON THE OPPOSITE PAGE
DCSA, P.O. Box 245, Sturgeon Bay, WI 54235 (920)421-0753
www.dcstringacademy.com

Please share your reason for your need of financial assistance.

How many years have you participated in the Door County String Academy? _____

Have you received financial assistance in the past? Yes _____ No _____

How did you hear about the Door County String Academy? (new students only)

Please check box(s) that pertain(s) to your needs:

_____ We would like to rent an instrument from the DCSA at a reduced rate.

_____ We are applying for assistance with tuition (\$325.00).

_____ I would like to arrange a monthly payment plan to pay for tuition.

I hereby attest and confirm that the information I have provided is accurate. I understand that my tuition and/or instrument rental will be determined by my **total gross household income**. If it is determined that I will owe a monthly rate, I agree to pay that amount as billed by the DCSA. I understand that if there is a balance owed on my tuition, I will not be able to rejoin the academy for a new school year unless those past due fees are paid in full. I understand that photos of my child may be taken and used in promotional materials.

Signature _____ Date _____

**Thank you for completing this financial aid form. Be sure to send this form to:
DCSA, P.O. Box 245, Sturgeon Bay, WI 54235.**

**You will be notified no later than September 1st, 2009,
on the amount of financial aid you will receive
for the 2009-10 school year.**