



## BEACH MUSIC STUDIOS SCHOLARSHIP APPLICATION

BEACHMUSICSTUDIOS.COM

The deadline for the Beach Music Studios Scholarship Application is November 1st. Late applications will be considered on a funds available basis. Only completed applications will be considered. Do not leave any items blank. Recipients will be notified by December 15th.

Name:

Address:

City:  State:  Zip Code:

Email:

Phone:

Instrument/Voice:

By signing below, I certify that my child is eligible for financial services based on the combined family household income. My child is currently enrolled in and/or eligible for the free & reduced lunch program within our school community. (If extenuating circumstances apply, please indicate this on the back of this sheet.)

Parent Signature: \_\_\_\_\_

Please enclose these additional items with your application

- Teacher Recommendation Form
- 1 page (300 word) essay outlining your current musical experiences and desire to continue your musical studies. How would a year of private lessons help you to reach your musical goals?

Return by November 1st to Beach Music Studios, 808 Belmar Plaza, Belmar, NJ 07719

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## TEACHER RECOMMENDATION FORM

Applicant: Please ask your current music teacher to fill out the following recommendation form. In the event that your school does not have a music program, a regular education classroom teacher may be substituted.

Applicant Name: \_\_\_\_\_

Teacher Name/School/Position: \_\_\_\_\_

Music Teacher: The above student has applied for the Beach Music Studios Scholarship for private instruction. Your candid assessment of this student's musical development and potential will be very helpful to the committee in making its decisions.

How long have you known the applicant (years)? 1 or less 2 3 4 5 6 7 or more

In what capacity have you taught the applicant?

Ensemble director (specify ensemble): \_\_\_\_\_

General Music Teacher (circle one): Y N

Other (please specify): \_\_\_\_\_

Please assess the applicant in terms of skills and potential in the following:

	Below Average	Average	Good	Excellent	Outstanding
Musical Ability					
Commitment to academic and performing music programs					
Desire to improve in his/her skills					
Potential for musical growth					

Please feel free to include any other remarks on a separate sheet.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address or Phone Number

