



Tuition Assistance Application

Name of Student: _____ Age: ____ Instrument: _____

Name of Parents/Guardians if under 18: _____

Address: _____

Email Address: _____ Phone: _____

Amt. applying for: \$ _____ Lessons with: _____

Please write a brief paragraph explaining the need for assistance.

Has your child been a student with us before? _____

In order to complete your application, we must receive both of the following documents:

- Tuition Assistance Application (this page)**
- Copy of most recent tax return, without any schedules**

Please sign, date and mail to Upper Valley Music Center, PO Box 863, Lebanon, NH 03766.

All requests must be received at the time of registration. Applications cannot be accepted after the first lesson or class.

To the best of my knowledge, the financial statement attached and information above are true.

Parent signature

Date