Swallow Hill Music School
Scholarship Application Form (Financial Need)

Student Name:_____ Date of Application: _____

Parent Name (if applicable): _____

Mailing Address: _____

Telephone (Home): _____ Telephone (Work): _____

Telephone (Cell): _____ E-Mail: _____

The Swallow Hill scholarship program allows students who qualify on the basis of financial need to take group classes from Swallow Hill at half the regular price. Applicants must provide their most recent 1040 tax return as a valid proof of income. There is a limit of one class per session for qualifying students; however, not all classes are available through this program. Notification of your acceptance or denial into the program will be given within two weeks of receipt of your application, so please leave enough time for processing your application. Notification of acceptance into a particular class will be given at least three days before the start date of the class. If you have any questions, please contact Denise at (303)777-4394 or enail denise@swallowhillmusic.org

Annual Household Income: _____

Number of people in your household: _____

Do you qualify for any of the following programs:

_____Food Stamps
_____Medicaid
_____EIC (Earned Income Credit)
_____Social Security / Disability
_____Other Federal Assistance (Please Describe) _____

If you do not qualify for any of the above programs, please use the back of this page to describe your need for financial assistance.

Please list the class(s) in order of preference, that you are interested in taking:

	Class Name	***Day/Time***	***Start Date***
1st Choice:	_____	_____	_____
2nd Choice:	_____	_____	_____
3rd Choice:	_____	_____	_____
4th Choice:	_____	_____	_____

Return this form to:

Attn: Denise Bullard
Swallow Hill Music School
71 E. Yale Ave. Denver, CO 80210

Fax: 303-871-0527
Denise@swallowhillmusic.org