

# Swallow Hill Music

## Aspiring Musicians Scholarship Application

Applicants must provide their most recent **1040 tax return** and **one month of paycheck stubs** as a valid proof of income.

### PART 1 • MAIN CONTACT

Adult Student/Parent/Guardian 1:

Adult Student/Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Best Way to Contact this Person: \_\_\_\_\_ (cell, e-mail, etc.)

Number of People in Household: \_\_\_\_\_ Number of Dependent Children: \_\_\_\_\_

Is applicant also the adult student (circle one)? **Yes** **No**

If NO, fill out Parent/Guardian 2 and PART 2.

If YES, proceed to PART 3.

Parent/Guardian 2 (if applicable):

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Way to Contact this Person: \_\_\_\_\_ (cell, e-mail, etc.)

**Return this form to:** Attn: Ashley King  
Swallow Hill Music School  
71 E. Yale Ave.  
Denver, CO 80210

Fax: 303-871-0527 Direct: 303-643-5808  
Email: [ashley@swallowhillmusic.org](mailto:ashley@swallowhillmusic.org)

## PART 2 • STUDENT INFORMATION

Please fill out Child Information if this application is for a child or teen ages 6-month to 17 years.

If it is for an ADULT STUDENT you can skip to PART 3.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ School Presently Attending: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Does This Child have Diagnosed Special Needs? (if yes, please describe)

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## PART 3 • CLASS INFORMATION

All applicants (Adult Student and Parent/Guardian) need to fill out this section

Class Name: \_\_\_\_\_ Teacher Name \_\_\_\_\_

Day of Week Class Meets \_\_\_\_\_ Class Time \_\_\_\_\_

School Session: \_\_\_\_\_ School Session Dates: \_\_\_\_\_

Has student attended a Swallow Hill Music class, lesson, workshop, or camp before? YES NO

Have you applied for scholarship assistance from Swallow Hill Music before? YES NO

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**PART 4 • NARRATIVE INFORMATION**

**Please describe any other extraordinary circumstances relevant to you or your family's capacity to pay for group classes :**

- A Child with Diagnosed Special Needs in the Home (this child or another in the home)
- Single Parent Household
- Uninsured Medical Expenses
- Recent Job Loss
- Other

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**Please provide a short description of why student wants to attend group classes at Swallow Hill Music:**

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**Annual Household Income: \$**

**Do you qualify for any of the following programs (check all that apply)?**

Food Stamps

Medicaid

EIC (Earned Income Credit)

Social Security / Disability

Other Federal Assistance (Please Describe)

**Scholarship Guidelines and Policies:**

- Upon completion of the scholarship application, you will be notified of your award within 5 business days. Please be sure to include all information, including financials.
- A student currently on scholarship who wishes to continue from one session to the next will contact Ashley King at [Ashley@swallowhillmusic.org](mailto:Ashley@swallowhillmusic.org) or 303-777-1003 x 208. This ensures that the scholarship committee is informed of their intent within a timely manner.
- Scholarship awards vary depending on financial and personal situations. The remaining balance will remain on the student account as an invoice. This invoice is to be paid by the end of the 8 week session.
- Students may not miss more than 2 classes per session. If a student misses more than 2 classes within a session, the student will forfeit their place in the scholarship program.
- Students must be respectful, engaged, and motivated while in class. Instructors and staff will communicate behavior issues. If these issues continue, the scholarship will be forfeited.
- In order to meet the expectations of the class, students will be expected to do their part in practicing the material for the week. We typically suggest 15 minutes daily.

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