



Swallow Hill Music Tuition Assistance Application

Part 1: Adult Student/Guardian Information

Adult Student or Parent/Guardian 1 Name * _____

Gender *

- Female
- Male
- Non-Binary
- Prefer Not To Say
- Other

Ethnicity (Select all that apply) *

- Asian
- Black/African
- Caucasian
- Hispanic/Latinx
- Native American
- Pacific Islander
- Prefer Not To Answer
- Other

Home Phone (if applicable) _____

Work Phone (if applicable) _____

Cell Phone (if applicable) _____

Address * _____

City * _____

County * _____

State * _____

Zip / Post Code * _____

Email * _____

Best way to contact this person (cell phone, email, etc.) * _____

Number of people in household * _____

Number of dependent children * _____

Is the applicant also the adult student? *

Yes

No

If "No", fill out Parent/Guardian 2 and Part 2.

If "Yes", proceed to Part 3.

Parent/Guardian Name 2 (if applicable) _____

Home Phone (if applicable) _____

Work Phone (if applicable) _____

Cell Phone (if applicable) _____

Email* _____

Address* _____

City* _____

State* _____

Zip / Post Code* _____

Best way to contact this person (cell phone, email, etc.)* _____

Part 2: Child Information

Please fill out Part 2 if this application is for a child or a teen (6 months - 17 years old.) If this is for an ADULT STUDENT, please skip to Part 3.

Name of child* _____

Date of birth (mm/dd/yyyy) * _____

Age * _____

Gender *

- Female
- Male
- Non-Binary
- Prefer Not To Say

Ethnicity (Select all that apply)*

- Asian
- Black/African
- Caucasian
- Hispanic/Latinx
- Native American
- Pacific Islander
- Prefer Not To Say

Does this child have a diagnosed disability? *

- Yes
- No

If "Yes", please describe:

Part 3: School Information

Class Name * _____

Teacher Name * _____

Day of week class meets * _____

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Class time start * _____

Class time end * _____

School session dates *

- Session 1 (January 8 - March 4)
- Session 2 (March 5 - April 29)
- Session 3 (April 30 - June 24)
- Session 4 (July 9 - September 2)
- Session 5 (September 4 - October 28)
- Session 6 (October 29 - December 21)

Has the student attended a Swallow Hill Music class, lesson, workshop, or camp before? *

- Yes
- No

Have you applied for tuition assistance from Swallow Hill Music before? *

- Yes
- No

Part 4: Financial and/or Extraordinary Circumstance Information:

Please select 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
- Single-parent household
- Uninsured medical expenses
- Recent job loss
- Other _____

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

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

Application Checklist *

- 1040 Tax Return (Please send this as an e-mail attachment to scholarships@swallowhillmusic.org with the subject line "Tuition Assistance Application Documents")

OR

- 1-Month of Paycheck Stubs (Please send this as an e-mail attachment to scholarships@swallowhillmusic.org with the subject line "Tuition Assistance Application Documents")

Part 5: Application Process Information

Upon completion of the tuition assistance application, you will be notified of your award within one week. Please be sure to include all information, including financials. Tuition assistance 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 before the start date of the class. Students may not miss more than 2 classes per session and remain enrolled. If a student misses more than 2 classes within a session, the student will forfeit their place in the tuition assistance program. Students must be respectful, engaged, and motivated while in class. Instructors and staff will communicate behavior issues. If these issues continue, the tuition assistance 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.

Within two weeks of completion of your or your child's course or camp, please e-mail us at scholarships@swallowhillmusic.org with a short paragraph on your/your child's musical experience and what the scholarship opportunity meant to you and/or your family. Please note if we may use you/your child's first name or if you prefer to be anonymous. Testimonials will be used in Swallow Hill Music's online and print publications. In addition, photos are appreciated and may be used in online or print publications. *

- Permission to use name
- Anonymous

Thank you for completing this application. Please expect to hear back from us within one week of your submission!