

# ZION CONSERVATORY OF MUSIC

A FINE ARTS MINISTRY OF CHRIST COMMUNITY CHURCH

## Scholarship Application

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

Only a limited number of Scholarships will be available for allocation. These scholarships will be awarded on the basis of merit and financial need. This form must be returned to the office no later than **August 1<sup>st</sup>** to be considered. This scholarship provides for the **current school year only from September to May.**

Student's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Age: \_\_\_\_\_

Has studied music for \_\_\_\_\_ months \_\_\_\_\_ years. Has studied at the ZCM for \_\_\_\_\_ months \_\_\_\_\_ years.

Parent's or Guardian's Name: \_\_\_\_\_

Address:

Street

City

State

Zip

Number of children in family: \_\_\_\_\_ Number of children presently enrolled at ZCM: \_\_\_\_\_

Number of children *other* than this student who have also applied for a scholarship,

or currently have a scholarship: \_\_\_\_\_

So that we may consider all applicants fairly, please state briefly on the lines provided the reason for this application.

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Teacher Comments:

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