

## Scholarship Information

As a member of the National Guild of Community Schools of the Arts, The University of Alabama Community Music School offers financial assistance to students who may otherwise not be able to study. Assistance is awarded based on demonstrated financial need, number of students who apply, and available funding. To apply for financial assistance from the Community Music School, you must fill out a new scholarship application and return it to our office by **July 15** in order to be eligible for assistance during the following year (August - May). Applications received after that date will be considered only if funding is refused by those receiving awards. Scholarship applications are available online OR a hard copy can be picked up at the CMS office (located in the holder beside our office door).

Due to decreased private and corporate donations in recent years, scholarship allocation will undoubtedly be more competitive. Allocation is based financial need. Teacher recommendations can be mailed or brought separately to our office or sent via e-mail to: [jweigel@music.ua.edu](mailto:jweigel@music.ua.edu)

The policies for those receiving awards are as follows:

- Scholarships will be revoked for poor attendance. No more than two missed lessons per semester for reasons other than illness are allowed.
- Withdrawal from lessons during the semester for any reason except prolonged documented illness or other special circumstances approved by the CMS Director will result in complete revocation of the scholarship. Withdrawals involving the above exceptions will receive awards prorated according to the number of lessons received at the date of withdrawal.
- Scholarship students' progress will be monitored. The CMS reserves the right to discontinue the award and lessons to any student whose work or behavior is deemed unsatisfactory. Scholarship aid is awarded only with a positive recommendation as given on the teacher recommendation form.
- Scholarships are awarded competitively on the basis of available scholarship money, financial need, and number of applicants. All students are eligible to apply. Awards will be deducted from the total tuition charge.
- Scholarship students' account balances *must remain in good standing* each semester. Overdue balances must be cleared before scholarships can be registered.

The Scholarship Committee reviews applications annually (July 15 - 31) and scholarship award letters are mailed on or before August 1. If you have any questions contact the CMS office at 348-6741 or via e-mail: [jweigel@music.ua.edu](mailto:jweigel@music.ua.edu)

Dr. Jane Weigel, Director  
The Community Music School

The University of Alabama Community Music School  
**FINANCIAL AID APPLICATION**  
**Academic Year for Application: 20    - 20    .**  
**Today's Date: \_\_\_\_\_ .**  
**(CONFIDENTIAL)**

**STUDENT INFORMATION (Please Print):**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_  
New Student \_\_\_\_\_ Returning Student \_\_\_\_\_  
Instrument or Class \_\_\_\_\_ Lesson Length \_\_\_\_\_  
Years of Study \_\_\_\_\_ Current Instructor \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
\_\_\_\_\_  
Street City State Zip

**PARENT OR GUARDIAN INFORMATION:**

Father's Name \_\_\_\_\_  
Home Address (if different) \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Occupation \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**FINANCIAL INFORMATION - please provide gross yearly income figures for this year.**

Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_ Student \$ \_\_\_\_\_  
Miscellaneous Income \$ \_\_\_\_\_ Total Yearly Gross Income \$ \_\_\_\_\_  
Number of people supported with this income \_\_\_\_\_

\* Describe any unusual expenses which might help determine need on the reverse of this page.

**SCHOLARSHIP AID**

Amount of Scholarship Aid requested \$ \_\_\_\_\_ Total tuition costs \$ \_\_\_\_\_

**ATTACHMENTS (please provide the following support documents)**

Federal 1040 for last tax year; if income has changed dramatically, attach narrative.  
Teacher Recommendation Form (or have teacher e-mail: jweigel@music.ua.edu)

**AGREEMENT:** I declare that I have completed this form, and to the best of my knowledge I believe it to be true, correct and complete.

\_\_\_\_\_  
Signature of Parent or Guardian Date

**Application Due Date: July 15**

# Recommendation Form

*NOTE: If the student will be a new student at CMS please use the recommendation form on the next page.*

## COMMUNITY MUSIC SCHOOL FINANCIAL AID TEACHER RECOMMENDATION FORM

This page must be completed in order for the scholarship application to be considered or reviewed.  
Please return this form to the CMS office by July 15. Incomplete applications will not be considered after July 15.

Student's Name: \_\_\_\_\_  
Instrument: \_\_\_\_\_

\*\*\*\*\* Please answer the following questions about this student \*\*\*\*\*

Did the student miss more than two (2) lessons this past semester? \_\_\_\_\_

If yes, for what reason(s)? \_\_\_\_\_  
\_\_\_\_\_

Does she/he come to lessons prepared? \_\_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Is she/he enthusiastic about musical study? \_\_\_\_\_

If no please explain \_\_\_\_\_  
\_\_\_\_\_

Did this student participate in any CMS recitals/performance? \_\_\_\_\_

If no please explain \_\_\_\_\_  
\_\_\_\_\_

In your opinion, does this student show potential for musical growth? \_\_\_\_\_

If no please explain \_\_\_\_\_  
\_\_\_\_\_

Do you feel this student should receive financial aid from the Community Music School? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date (month/day/year)

## Recommendation Form

This page must be completed in order for the financial aid application to be considered or reviewed. It is your responsibility to give this form to the individual most closely associated with your background and potential.

Applicant Name: \_\_\_\_\_

Instrument: \_\_\_\_\_

Recommending Person Name: \_\_\_\_\_

Recommending Person Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Zip

Association with the applicant: \_\_\_\_\_ Number of years: \_\_\_\_\_

Assessment of applicant in the following areas: (Please circle)

Commitment to study:                      Quite high      Above average      Average      Low

Present level of accomplishment:      Quite high      Above average      Average      Low

Potential for growth:                      Quite high      Above average      Average      Low

Do you recommend this student for private study at the Community Music School? \_\_\_\_\_

Please append any other comments you feel would be useful in considering this candidate's request for Financial Aid at the Community Music School (Feel free to use the other side or attach additional sheets)

\_\_\_\_\_

\_\_\_\_\_

Signature of Recommending Person: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed Recommendation Form to:

**Community Music School  
School of Music  
The University of Alabama  
Box 870366, 171 Moody Music  
Tuscaloosa, AL 35487-0366**