



Scholarship Application

Email: ImaginationPlace@me.com

Date: _____

Parent(s) Name: _____ phone #: _____

Children's Name: _____ Date of Birth: _____

Children's Name: _____ Date of Birth: _____

EMAIL: _____

Address: _____ City: _____ UT Zip: _____

1. What is your and your Spouse's occupation?
2. Does your child receive food stamps or any other government subsidies program?
3. Do you qualify for state or government insurance programs?
4. Why is music education for your children important to you?
5. Why are you interested in this program at Imagination Place?
6. The dynamics of our classes are such that the parents are the role models, and your contribution to the class community is important. In what ways can you role model and contribute to the class with enthusiasm?
7. What amount of the tuition are you looking to the scholarship fund to provide, full or partial? If partial, what size of a subsidy will meet your need?
8. Do you have a skill or talent that you are willing to share with SLMT as a barter for tuition? (Bartering may come in the form of posting SLMT flyers, cleaning, sharing a special talent or product that you have to offer, etc.)