



SCHOLARSHIP APPLICATION FORM

Please complete the information below and attach the most recent completed pages 1 and 2 of your federal tax form (1040 or 1040A), or the first page of form 1040EZ. If you did not submit a tax return this year, check this box.

2017 APPLICATION DEADLINES: First round: **AUGUST 15** Second round: **DECEMBER 1**

Applicant information

| | |
|---|----------------------------|
| Student name | Parent/Guardian name |
| Age _____ Grade _____ | Parent/guardian cell phone |
| School _____ | Parent/guardian email |
| Siblings at HSM, if any: | |
| Address (street, city, state, zip) | |
| New or returning student? <input type="checkbox"/> New <input type="checkbox"/> Returning | |
| Ethnic identity (optional): <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____ | |
| <i>Additional funds may be available for under-represented populations.*</i> | |

Program interest (check all that apply)

- Private and group lessons
 Private lessons only
 Other (describe) _____
- Instrument: piano violin viola cello bass

Financial information

| | |
|--|----|
| Number of family members in household including student | |
| Parent/guardian marital status | |
| Household income (form 1040 line 31, form 1040A line 16, form 1040EZ line 4) | \$ |
| Income from parent or guardian outside the household | \$ |
| Social Security benefits received by parents and dependent children | \$ |
| Any other taxed and untaxed income | \$ |

Parent/Guardian Assets

| | |
|----------------------------|----|
| Cash, savings, checking | \$ |
| Retirement investments | \$ |
| Non-retirement investments | \$ |
| Farm value (not homestead) | \$ |
| Business value | \$ |

Parent/Guardian Debts

| | |
|-------------------------------|----|
| Monthly house payment or rent | \$ |
| Monthly student loan payments | \$ |
| Monthly vehicle payments | \$ |
| Other (please describe) | \$ |
| Other (please describe) | \$ |

Are there any other circumstances that we should be aware of that could affect your scholarship eligibility?
Please add that information here. Attach additional sheets if needed.

I CERTIFY THAT THE INFORMATION REPORTED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

| | |
|--|------|
| Parent/guardian printed name | SSN |
| <input checked="" type="checkbox"/> Parent/guardian sign | Date |
| <hr/> | |
| Parent/guardian printed name | SSN |
| <input checked="" type="checkbox"/> Parent/guardian sign | Date |
| <hr/> | |

Please complete the information below and attach the most recent completed pages 1 and 2 of your federal tax form (1040 or 1040A), or the first page of form 1040EZ to:

**Scholarship Committee
Harmony School of Music
3415 Mount Vernon Rd. SE
Cedar Rapids, IA 52403**

To ensure the award process is as fair as possible, all applications will be submitted to the scholarship committee with personal information removed.

The Harmony School of Music Inc. prohibits discrimination and harassment of any kind based on race, national origin, gender, age, disability, religion, gender identity or sexual orientation, or any other characteristic protected by federal, state or local law.