

Scholarship Cover Page

- Completed Application
- Verification of Income
- Additional Information about Income (as needed)
- Letter of Recommendation from DMTA teacher

I have compiled the scholarship application packet and verify the above materials are included.

Signature of DMTA teacher

Date

Applications will not be submitted for review by the DMTA Board unless all the application information is included with the packet. It is the teacher ' s responsibility to make sure all the information is included.

Mail or deliver entire packet to:
Le'Andra McPhatter
5805 Newhall Rd., Durham, NC 27713

Kindly give her a call or text to let her know documents are on the way... 252-286-7839.

Durham Music Teachers Association

*Organized January 1967
DMTA Scholarship Committee*

Parent/Student instructions:

Please gather your required financial documents (copies of tax returns, W-2s, and/or paystubs) and please cross out any sensitive information like social security numbers. We will keep your information confidential and shred items once our review is complete. Place financial documents in a sealed envelope. Complete this form and give application plus sealed financial documents to your teacher at least two weeks before the deadline: August 1 for Fall/full-year scholarship or January 1 for Spring/half-year scholarship. All application materials are submitted through your teacher. If you have any questions, ask your teacher or contact the Scholarship Chair, Le'Andra McPhatter, at 252-286-7839 or scholarship@durhammusicteachers.org

Durham Music Teachers Association
Organized January 1967
DMTA Scholarship Committee

Scholarship Application Form

Student Name: _____

Age: _____ Grade: _____ School: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ cell phone: _____

Student email: _____

Name of Parent/Guardian/Sponsor: _____

Address (if different from student): _____

Phone: work _____ home _____ cell _____

email: _____

of people living in household: _____

Name of teacher recommending you: _____

Teacher Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How long has the student been studying with this teacher? _____

Instrument presently studied: _____

Instrument available for practice (circle) YES NO

For voice students, vocal classification (if known): _____

The teacher recommending your student will evaluate the child's potential, interest, and home support. The scholarships are intended for students who would not otherwise be able to take lessons because of financial considerations. Please describe your situation, documenting with a copy of your IRS form (the page which shows your income) where possible. If not possible, verify income with a copy of a pay stub, receipt, etc. All such information will be kept confidential.