

Rhapsody ARTS CENTER

NEEDS SCHOLARSHIPS

It is the intent of Rhapsody Arts Center that no serious student should be unable to study because of financial challenges. Assistance is awarded on a semester basis and must be reapplied for each term.

The Rhapsody Arts Center *Needs Scholarship Program* provides financial assistance to students 18 years old and younger who are interested in arts instruction - either private or group - but who are unable to pay full tuition. Partial scholarships are allocated by the scholarship advisory board on the basis of need, demonstrated interest, and available funds.

For an application form, either call or stop by Rhapsody. The form must be completed and returned by August 1 (for 2009-10 academic year), and May 1 (summer term). Needs scholarships are confidentially awarded.

To apply for financial assistance, a Scholarship Application form must be filled out and proof of income must be provided in the form of your most recent tax returns or current pay stubs substantiating gross family income. Scholarships will be awarded based on family income and size. Financial information will remain confidential.

Scholarship award recipients are typically assigned volunteer service hours at Rhapsody. Those hours must be completed by August 31, 2010.

**RHAPSODY ARTS CENTER
NEEDS SCHOLARSHIP APPLICATION
2009-2010**

For benefit of: _____ Instrument: _____

Parents' or Guardians' Names: _____

Address: _____

Phone: _____

Age of student: _____ Number of dependent children in family: _____

Family income level: \$20,000 or under \$20,000-\$30,000

 \$30,000 - \$50,000 \$50,000 or over

*proof of income must be provided in the form of your most recent tax returns or current pay stubs substantiating gross family income.

Extenuating financial circumstances (if applicable):

Have you previously received, from Rhapsody Arts Center (formerly Music By Mickey, any type of scholarship for music lessons? _____
If yes, please give year(s) _____ and amount _____

I declare that the information reported is true, correct and complete to the best of my knowledge.

Signature of parent or guardian: _____ Date: _____

NOTE: This information will be kept confidential. Please be aware that depending on the number of applications, not all requests may be granted.

**Please return to:
Rhapsody Arts Center, Attn: Scholarships, 271 S Main St., Verona WI 53593**