

"The CODA Project" SCHOLARSHIP REQUEST FORM

Giving <u>C</u>hildren the <u>O</u>pportunity to <u>D</u>iscover the <u>A</u>rts

(Please Print)

Today's date:				Have you applied before? Yes No (check one)					
STUDENT INFORMATION				(TO BE FILLED OUT BY PARENT/GUARDIAN)					
Student's Name:				Age:			Grade:		
Instrument Choice: 1st:					2 nd	:			
(must provide 2 choices)									
PARENT/GUARDIAN INFORMATION									
Name:				Primary phone no.:		no.:	Secondary phone no.:		
				() -			() -		
Address:				City: State:				State:	
Zip Code: Relations			nip to Student:			Date of Birth: / /			
Do you agree to support this child's decision to join Band or Orchestra, by giving them time to practice and encouraging them to play and learn their instrument? Yes No (check one)									
I the parent/guardian authorize The CODA Project to inquire with the school about all prerequisites listed below. (Initials)									
SCHOOL INFORMATION (TO BE FILLED OUT BY SCHOOL)									
				phone no.:		(TO BE FILLED OUT BY SCHOOL) Principal's Name:			
School Name:			()	- -	•	Fillicipal 3 Name:			
Teacher's Name:			Teacher's	Teacher's phone no. () -		Teacher's email:			
School Address:									
City:					State:		Zip Code:		
Does the school agree to support this child's decision to join Band or Orchestra, by giving them time to practice and encouraging them to play and learn their instrument? Yes No (check one)									
The student listed above has been recommended to receive an instrument from The CODA Project program for a free or reduced fee. The student meets the following prerequisites to qualify for the program:									
 □ The student is officially enrolled at our school. □ The student has demonstrated good work ethic and behavior in the classroom. □ The student has agreed to show respect for the instrument and will care for it while in their possession, □ The student qualifies for free lunch program at school. □ The student qualifies for reduced lunch program at school. □ The student's parent(s) or guardian(s) have been unable to obtain an instrument through conventional means. 									
We understand that this request will be fulfilled based on the availability of the instrument requested. The instrument may be used by the above student for the full academic year in which the student is applying. If an instrument is granted to this student, the school and parent or guardian agree to monitor its use and return the instrument to the The CODA Project program should the above student no longer need the instrument.									
Patient/Guardian signature						Date			
Teacher signature						Date	Date		
Principal signature						Date			