



HMF Scholarship Application

(Applicant's section: Print Legibly)

Applicant's Name _____ Age _____

School _____ Grade _____

Address _____

Email _____

Phone (h) _____ (c) _____

Ethnicity: Caucasian/European African Descent Asian Descent
Hispanic Other

Please list two character references and attach two letters of recommendation:
(One from school/teacher and one from a non family member)

1) Name _____ Subject _____

Phone (h) _____ (c) _____

2) Name _____ Relation _____

Phone (h) _____ (c) _____

Please check which scholarship you are applying for:

Lesson _____ Camp _____ Concert _____ Class _____



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List instrument(s) you (applicant) play: _____

List instrument(s) interested in learning: _____

Do you have transportation to/from HMF? Yes _____ No _____

Who do you currently take music lessons from: _____

How long have you been taking lessons: _____

Audition: ___ In-person ___ Audio (*Applicant must present a prepared piece of music in any style*)

Are you willing to practice 3 hours a week or at your teachers discretion:

Yes _____ No _____ (if no, please give explanation) _____

Would you be willing to volunteer in teaching other students in exchange for lessons?

Yes _____ No _____

Describe in detail your goals and interests and how this scholarship will help you (applicant) achieve them.



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The Hickory Music Factory offers a limited number of scholarships to students proving financial assistance. Scholarships are awarded on a quarterly basis. Applications need to be submitted before the 1st of each quarter to be eligible for that scholarship cycle. Financial need is assessed through written applications by the HMF board of directors. Students receiving financial aid are responsible for attending all activities and programs.

I agree to these terms and conditions:

Applicant's Signature _____ Date _____

Guardian's Signature _____ Date _____

Please fill out application and mail to:

**Hickory Music Factory
P.O. Box 2712
Hickory, NC 28603**

(HMF Section)

Recommendations:

Executive Director: _____ **Date** _____

Assistant Director: _____ **Date** _____