



**MUSICAL EXPRESSIONS FOR YOUTH
SCHOLARSHIP REQUEST**

Wallowa Valley Music Alliance PO Box 148, Enterprise, OR 97828
541-426-3390 www.wvmusicalliance.org info@wvmusicalliance.org

To apply for financial assistance for Musical Expressions for Youth, please complete this form and return to WVMA.

Student Name:

Age:

Parent Name:

Email Address:

Home Phone:

Cell:

Mailing Address:

City, State, Zip:

YES ___ NO ___ Student is enrolled in free or reduced price school lunch program at

_____ School.

If homeschooled, please provide statement of need:

Signature of Parent or Guardian: _____

Music class _____

Reduced Fee _____ Approved: _____ Date: _____