



GRANT & SCHOLARSHIP APPLICATION

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

Student Name: _____ Age: _____

Address: _____

Education and Experience: (instruments, bands, lessons, clubs, groups)

I am applying for:

_____ Emergency Grant: (Not to exceed \$250. Please explain on an attached sheet)

_____ Scholarship: (Please answer the following questions on an attached sheet)

--Describe the scholarship request including amount needed and deadlines:

--Describe your musical contributions to the community:

--Briefly review your goals as a musician.

--Describe your specific objectives/outcomes for this scholarship.

Please provide the name and address of the organization or provider to whom the scholarship check should be sent:

By signing this statement you agree to fulfill the goals and objectives of this scholarship, to provide a progress report upon completion of these objectives, and to contribute your talent to help fundraise for the WVMA during the scholarship year.

Signed by applicant: _____ Date: _____

Signed by sponsor: (teacher, mentor) _____ Date: _____

Reviewed and approved by WVMA Board _____ Date _____

Check sent: _____

Please mail completed form to WVMA, PO Box 148, Enterprise, OR 97828