



**Makayla Joy Sitton Music Scholarship
Returning Student - APPLICATION FORM
DUE **MAY 1st****

Please Print

1. Student Name _____
(Last) _____ (First) _____ (Middle) _____
2. Parent or Guardian Name _____
3. Address _____
(Street) _____ (City) _____ (State) _____ (Zip Code) _____
4. Telephone: Home _____ Cell _____
5. Email _____
6. Area of Interest _____ piano _____ violin _____ voice _____ guitar _____ other: _____
7. Any prior musical lessons? _____ If yes, what instrument and how long? _____
8. Date of Birth _____ Age _____ Grade: _____
9. School Attending: _____

10. Financial Need-Based Information Our guide for eligibility is 20% above the FL DCF food assistance program income limits. (See Application Processes)

Employment (father) _____ Annual income _____

Employment (mother) _____ Annual income _____

of dependents: _____ Share any extenuating circumstances that the scholarship committee should be aware of in evaluating the scholarship:

PLEASE ATTACH FORM 1040 From FILED **most recent** TAX RETURN (Please black out your SS#)

Note: Joint/Individual tax returns (form 1040) from all custodial parents are required.

If more tax information is needed, the scholarship committee may ask for the complete tax return.

11. Applicant's Statement of Background and Purpose for returning applicant:

Please attach an essay to this application with your responses to the following questions. (Essay should be between 95-200 words for children up to 5th grade, 150-300 words for children above 5th grade).

- Comment on your progress with your instrument in the past year.
- Explain why you would like to continue music lessons.
- Which Grace Notes activities did you participate in this year?
- How does playing your instrument bring you joy?
- Do you think you have had a successful year in school? Please explain.
- Which extracurricular activities, if any, did you participate in this year?

12. Parent Statement: Please use this space provided and briefly explain what you think your child has gained from this scholarship and why you think it should be awarded again:

I certify that I have read and understand the conditions for participation in this program. The information I am supplying in this application is true, complete, and correct. To the best of my knowledge and belief, I am eligible for this program as defined.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Printed Name of Parent above: _____

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