



FAITH MUSIC ACADEMY SCHOLARSHIP APPLICATION

Parent/Guardian Name(s): _____

Student Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

1. What brings you to Faith Music Academy? What are you hoping to get out of lessons?

2. Describe the situation that led you to seek a FMA Scholarship.

(Continued on next page)

3. Tell us the length of the lessons you are wanting to take this semester? If granted a scholarship, would you be continuing next semester?

Signature: _____ Date: _____