**MUSIC MISSION SCHOLARSHIP APPLICATION: LESSONS**

\*\*PLEASE NOTE THAT BY FILLING OUT THIS APPLICATION DOES NOT GUARANTNEE LESSONS. LESSONS ARE AWARDED ON A NEEDS BASIS AND ARE DECIDED BY THE MUSIC MISSION SCHOLARSHIP COMMITTEE. SCHOLARSHIPS ARE AVAILABLE DEPENDENT ON FUNDING AND TEACHER AVAILABILITY. \*\*

|  |  |  |
| --- | --- | --- |
|  | Child’s Name: |  |
|  | Child’s Age: |  |
|  | Parent’s Name: |  |
|  | Parent’s email: |  |
|  | Parent’s phone: |  |
|  | Address: |  |
|  | Instrument of choice (circle **one**): | Acoustic Guitar Electric Guitar Drums Flute Electric Bass Violin Viola Standup Bass Clarinet Oboe Alto Saxophone Tenor Saxophone Trumpet Trombone Baritone Tuba Cello Other:  |
|  | Does your child have their instrument of choice? |  Yes No |
|  | Does your child have transportation to and from lessons? |  Yes No |
|  | Does your child have access to a computer for virtual lessons? |  Yes No |
|  | Please select the Heid Music locations you would be willing to receive lessons at: |  Appleton Green Bay Oshkosh All |
|  | Please explain why you think music lessons would help your child. Have they indicated an interest? Are they going through any struggles that would make music a good outlet? (Please use additional pages if necessary) |  |
|  | Please explain why your family is having difficulties affording lessons. What financial hardships are you currently going through? (Please use additional pages if necessary) |  |
|  | Important Scholarship Info | * Please be as descriptive as possible with your answers
* Recipients will receive **10 lessons** paid for by the Music Mission. If receiving lessons every week, this will last roughly 2.5 months
* Recipients are responsible for scheduling lesson times with provided teachers
* If the student will miss a lesson, recipients must notify the teacher and The Music Mission at least **24 hours** beforehand
* Once the scholarship is terminated, it is the responsibility of the recipient to pay for continuation of lessons or notify the teacher that they will no longer be participating in lessons
* Scholarships are rewarded on a needs basis and as funding allows, as well as teacher availability. Recipients are selected by the Music Mission Scholarship Committee. If you have questions about the decision please contact The Music Mission at (920)733-5172 or musicmissionappleton@gmail.com
* Please return applications via email to musicmissionappleton@gmail.com
 |
|  | Signature & Date |  |

**MUSIC MISSION MEDIA RELEASE FORM**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant the permission of The Music Mission and/or Heid Music to use the image (photographs or videos) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the child I am the legal guardian of for use in media publications, including:

* Photos
* Videos
* Email blasts
* Recruiting brochures
* Newsletters
* Websites
* General publications
* Any other media/advertising outlets

By providing my signature below, I am stating that I am the parent/legal guardian of this child. I understand that I am waiving my right to review and/or approve of any photos before media release. I fully understand the meaning, contents, and impact of this release. I understand that I am free to address any specific questions regarding this release by contacting The Music Mission and/or Heid Music. I also understand that I am free to not sign this release, and by doing so will have no impact in my child’s eligibility to receive this scholarship.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_