



## UVMC Tuition Assistance Application

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Instrument: \_\_\_\_\_

Name of Parents/Guardians if under 18: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Amt. applying for: \$ \_\_\_\_\_ Lessons with: \_\_\_\_\_

Length of Lesson: (30/45/60 minute) \_\_\_\_\_ Suzuki or Traditional \_\_\_\_\_

Please write a brief paragraph explaining the need for assistance.

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Have you or your child been a student with us before? \_\_\_\_\_

**In order to complete your application, we must receive all three of the following documents:**

- Tuition Assistance Application (this page)**
- Copy of 2016 tax return, without any schedules**
- Completed registration form**

Please sign, date and mail to Upper Valley Music Center, PO Box 826, Lebanon, NH 03766

**All requests must be received at the time of registration. Applications cannot be accepted after the first lesson or class.**

To the best of my knowledge, the financial statement attached and information above are true.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date