



UVMC Tuition Assistance Application

Name of Student: _____ Age: _____ Instrument: _____

Name of Parents/Guardians if under 18: _____

Address: _____

Email Address: _____ Phone: _____

Lessons: Suzuki / Individual Teacher: _____ Length: 30 /45 /60 min

Class or Ensemble: _____

Total amount applying for: \$ _____

Please write a brief paragraph explaining the need for assistance.

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

In order to complete your application, we must receive both of the following:

Tuition Assistance Application (this page)

Copy of most recent tax return, without any schedules

Please sign, date and return to the UVMC Office or 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