



**MusicLIVE Program
Scholarship Application**

Sacramento Institute for Music & the Arts
2130 L street
Sacramento, CA 95816
Phone: 916-242-8342

Parent / Guardian Name: _____

Student Name: _____ Grade (2018/19) _____

School: _____

Address: _____

Parent Phone: (home) _____ (mobile) _____

Parent Email _____

Number of people in household: _____ Annual Income: _____

Does your child qualify for the free lunch program at school? _____

This is a scholarship request for a:

_____ 50% Scholarship (Student pays 50% of the semester costs)

_____ 75% Scholarship (Student pays 25% of the semester costs)

_____ 100% Scholarship (Student does not pay any semester cost)

_____ Instrument

Has this student been previously enrolled in any SIMA programs? If yes, for how long? Which program?

I understand that if I receive a partial or full scholarship, my child will be able to participate in the appropriate class level. I am making a commitment that my child will attend weekly classes, arrive on time, and be prepared to learn. I am making a commitment to help my child succeed by practicing with them at home on a daily basis.

Parent Signature _____ Date _____