

# Fairbanks Suzuki Institute Student Scholarship Application



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Length of study with a Suzuki Method instructor \_\_\_\_\_

Private teacher name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

List semesters/years that you have attended FSTE group lessons \_\_\_\_\_

## Eligibility for the scholarship:

Applicants must be registered students of the FSTE group lesson program and attend regularly. Combined family income of the child's parent(s) must be less than \$72,000 as listed on the 2009 IRS tax return under Adjusted Gross Income.

## Important: Please be sure you submit the appropriate materials with this application.

- All applicants must submit a letter of recommendation from their private lesson teacher who is an active member of the Suzuki Association of the Americas. To ensure confidentiality, please have your teacher sign across the envelop seal. Submit it with your application materials.
- All applicants are required to submit a performance CD. The CD should include two contrasting pieces that demonstrate your current abilities on your instrument.

**NOTE:** An institute registration form and the non-refundable \$30 registration fee MUST accompany each scholarship application.

## Checklist:

- Scholarship application form completely filled in and signed by parents/guardians and candidate
- FSI registration form and the non-refundable \$30 registration fee
- Copy of 2009 tax return as specified in application reflecting family income of parent(s)/guardian(s)
- Letter of recommendation from your private lesson teacher
- Performance CD

**DEADLINE FOR APPLICATION:** All applications and supporting materials must be received by April 15 in order to be considered. Please send the materials to:

Scholarship Committee  
Fairbanks Suzuki Institute Scholarship Committee  
C/O Cathy Apicella  
2844 Opal Ave.  
Fairbanks, AK 99709

**Parent or Guardian Information (please print)**

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PARENT'S MARITAL STATUS (MARRIED, DIVORCED, ETC. )      WHO SHOULD RECEIVE BILLING      CUSTODIAL PARENT

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MOTHER OR GUARDIAN NAME (NOTE RELATIONSHIP)      OCCUPATION TITLE

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HOME STREET ADDRESS      CITY      STATE      ZIP CODE

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NAME AND ADDRESS OF EMPLOYER      OFFICE TELEPHONE NUMBER      FAX NUMBER

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FATHER OR GUARDIAN NAME (NOTE RELATIONSHIP)      OCCUPATION TITLE

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HOME STREET ADDRESS      CITY      STATE      ZIP CODE

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NAME AND ADDRESS OF EMPLOYER      OFFICE TELEPHONE NUMBER      FAX NUMBER

Does the student applying expect to be the recipient of any funds (scholarship, grant, award or prize from any country, state, organization or individual) specifically for attendance at the Fairbanks Suzuki Institute? \_\_\_\_\_

If yes, name the title of award and amount \_\_\_\_\_

What is the dollar amount applicant and his/her family can provide toward the institute tuition? \_\_\_\_\_

Please note unusual expenses or circumstances you would like taken into consideration

(attach additional sheet if necessary) \_\_\_\_\_

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The Fairbanks Suzuki Institute is presented largely through the efforts of volunteer parents and teachers. Many hours go into the preparation and week of Institute. Receipt of a scholarship goes with the parent's agreement to donate up to six hours of time during the week of Institute, helping with tasks that need to be covered. Jobs include set-up and room preparation, working at the Suzuki Store, baking for the receptions, set-up and clean-up after the graduation and final concerts, to name a few. Your signature indicates your willingness to donate your time as described above.

**Required Signatures**

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I authorize the release of my application information to the Scholarship Committee and other third parties for the purpose of scholarship consideration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Candidate

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

If you have any questions about this application form, you can call Gail Johansen at 907-479-4327 or email her at [johansen@mosquitonet.com](mailto:johansen@mosquitonet.com).