UUCV Music Scholarship Application

(Please Type or Print Clearly)

Member Name:	
UUCV Member Since:	
Name of child (if applying on their behalf):	
Home Address:	
Phone Number:	
Email Address:	
Type of Financial Assistance:	
Amount requested:	
Person/organization who receives payment & their mailing address:	
When funds are needed:	
Need Statement: Attach a brief statement concerning the reasons why you wish scholarship assistance and any other information you feel might aid us in evaluating your application (limit your statement to 250 words or less). Merit Statement: State how this financial assistance will benefit UUCV's Music Program (limit your statement to 100 words or less). By signing this document, I acknowledge that I have read and agree to abide by UUCV Music Scholarship Policy and state that the information provided herein is true and accurate to the best of my knowledge.	
Signature of Applicant	Date
Signature of Parent (if applicant if a child)	

UUCV Music Scholarship Application

PLEASE RETURN THE COMPLETED APPLICATION TO:

Email: musicdirector@uucvan.org

OR

US Mail: Attn: Music Committee UUCV 4505 E 18th Street Vancouver WA 98661

OR

Place in the Music Committee mail slot in the church office.