



Riley School of Irish Music
Scholarship Application

STUDENT'S NAME _____

DATE OF BIRTH _____
(Must be 18 or younger)

PARENT OR GUARDIAN _____

ADDRESS _____

EMERGENCY PHONE # _____

EMAIL _____

SPONSOR'S NAME (May be a teacher, mentor, social worker, etc.) Riley School plans to contact your sponsor to ask about the student and get their recommendation.

SPONSOR'S PHONE _____

SPONSOR'S EMAIL _____

REQUESTED CLASS _____

STUDENT'S STATEMENT - Please tell us why you want to participate in our music program.



STUDENT CONTRACT - Scholarship can continue at the discretion of the Scholarship Committee if the following criteria are met. There are funds available. Financial aid is still necessary. The student has attended at least 70% of classes the previous session. The instructor indicates the student's conduct is good and shows steady progress. Parent or guardian is responsible for student's transportation to class. Please sign as affirmation that you agree to these terms.

STUDENT _____

Scholarships are capped at 50% of tuition. Please indicate how much assistance you are requesting. _____

PARENT AFFIRMATION - Our circumstances are such that a scholarship will make it possible for our child to attend the Riley School.

PARENT OR GUARDIAN _____