



Michael Kobus Foundation

Clear Lake Music Lessons Scholarship Application

Date of Application: _____

Musician's Name: _____

Applicant Resides with (circle one): Both Parents Mother Father Guardian

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age: _____ Birth Date: _____ Phone: _____

Name of Parent/Guardian: _____

Employer: _____ Occupation: _____

Employer Contact Name: _____ Phone: _____

Name of Parent/Guardian: _____

Employer: _____ Occupation: _____

Employer Contact Name: _____ Phone: _____

Applicant Information

Instrument of Interest: _____

Number of Years Student has Played This Instrument? _____

School Attending: _____

Grade: _____

Does your School have a Music Program? Yes _____ No _____

Do you Participate in Band/Chorus/Orchestra? Yes _____ No _____

(ALL INFORMATION IS STRICTLY CONFIDENTIAL)

Financial Information

Household Annual Gross Income \$ _____

Monthly expenses	
Rent/Mortgage	\$
Childcare	\$
Car Payment	\$
Car Insurance	\$

Additional Monthly Income	
Unemployment	\$
Social Security	\$
Worker's Comp	\$
Child support/alimony	\$

Does Your Child Receive Free Lunch at School? Yes _____ No _____

Please tell us any additional information and/or circumstances you feel the scholarship committee should consider when evaluating your application:

I certify all the information included in this application is true and correct. If awarded a music scholarship we agree to participate in each scheduled lesson with CLML and understand if we do not fulfill this obligation, we will be asked to repay the scholarship funds awarded.

Parent/Guardian Signature: _____ Date: _____