



Instrument Scholarship Request Form



Student's Name _____ Age _____ Grade _____

Parent's Name _____ Phone _____

Email _____

Instrument Choice (Please specify size if applicable) _____

School _____

Address _____

City _____, WI Zip _____

Principal _____ Phone _____

Email _____

Music Teacher _____ Phone _____

Email _____

The intent of the LINK program is to provide a means for music teachers to direct available instrument towards students who demonstrate financial need. The student listed above has been recommended to receive an instrument from the Racine Arts Council's LINK program. This student has met all of the following prerequisites for qualifying for the program:

- The student is officially enrolled at our school.
- The student participates or desires to participate in the instrument program at our school.
- The student has demonstrated a good work ethic in the classroom.
- The student is a responsible young person who will show respect for the instrument.
- The student's parents or guardians have been unable to secure an instrument through conventional means.

We understand that this request will be fulfilled on the availability of the instrument requested and at the discretion of the LINK committee. The instrument may be used by the above student for as long as the student participates in the school's instrumental music program. When an instrument is granted on a scholarship to this student, the school agrees to monitor its use and return the instrument to the Racine Arts Council's LINK program should the above student no longer need the instrument.

Music Teacher or Principal Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Mail or Email this form to: Racine Arts Council 316 Sixth Street, Racine, WI 53403

Email: link@racineartscouncil.org **Web:** RacineArtsCouncil.org **Telephone:** (262) 635-0261

For Office Use Only	
Request Filled By: _____	Date: ____/____/____ Instrument ID #: _____
Entered in LINK database by: _____ on Date: ____/____/____	