

Indiana Piano Teachers Guild

MILDRED ALLEN SCHOLARSHIP APPLICATION

Student's name _____

Parent's name _____

Address _____ City _____ Zip _____

Phone _____ Student Age _____

Number of years of piano study _____

Teacher's name _____

Music program _____ phone _____

Address of program _____ City _____

State _____ Zip _____ Tuition _____

If requesting money for a summer program which requires acceptance, a copy of the acceptance letter from the organization is necessary to process this application.

Teacher's recommendation:
