



PERFORM 4 PURPOSE

Helping the community one performance at a time...

Application for After School Workshop Scholarship

Dear Applicant,

Students are chosen to receive after school workshop scholarships based on several criteria, such as extent of financial need and the degree to which they may benefit from the lessons. Perform 4 Purpose is committed to offering music education and performance opportunities to all students on an equal basis regardless of race, color, creed, national origin, religion, gender, sexual orientation, or disability. The following is the application required for a student to be considered to receive an after school workshop scholarship. The scholarship will include materials necessary to participate in the workshop.

Please complete the following application to the fullest extent. Your application will be viewed by the Perform 4 Purpose Board of Directors at the next meeting following the submission of your application. A decision will be made, and you will be notified following the meeting. If your case is time sensitive and requires immediate action, please contact our Program Director, Jim Van Arsdale (contact information provided below), to arrange an expedited application process. We thank you for your support of Perform 4 Purpose, and we look forward to working with you. If you have any further questions or concerns, please feel free to contact programs@perform4purpose.org.

Sincerely,

Jennifer Van Arsdale
President
Perform 4 Purpose
(315) 289-8814
jen@perform4purpose.org
www.perform4purpose.org

Jim Van Arsdale
Program Director
Perform 4 Purpose
(315) 289-8827
programs@perform4purpose.org
www.perform4purpose.org

**Confidentiality Notice: All information provided in this application is confidential, and will only be viewed by persons necessary to determine grant eligibility.*



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Student's Contact Information:

Name of Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Parent/Guardian's Contact Information:

Name: _____

(If different from student):

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Recommender's Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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Phone Number: _____

Relationship to Student: _____

Workshop Information:

Which workshop would you like to recommend this student for?

Please describe why you think the student will benefit from the workshop:

How did you hear about Perform 4 Purpose After School Workshops Scholarships?

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Applicant's Signature: _____

Date: _____

Please return completed application to:

Perform 4 Purpose
8 Fourth Ave.
Auburn, New York 13021

OR

Jim Van Arsdale
Program Director
Perform 4 Purpose
(315) 289-8827
programs@perform4purpose.org

OR

Your workshop facilitator (please visit www.perform4purpose.org/workshops for a complete list of facilitators).

Please direct any questions or concerns to:

Jim Van Arsdale
Program Director
Perform 4 Purpose
programs@perform4purpose.org
(315) 289-8827

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