

# *Music for Healing & Transition Program, Inc.*

## **Scholarship Application**

A limited number of \$150.00 per Module scholarships are available for MHTP students. To be considered for a scholarship, a student must:

1. Have been accepted into the Program.
2. Must have completed a Payment Agreement Form.
3. Must have completed one module satisfactorily.

Each scholarship is applied as a credit toward the cost of tuition for a specific training module.

Scholarships are awarded on the basis of need, availability of funds, and commitment to complete all MHTP requirements within three years after completing the first module.

**Important: Applications must be received by MHTP via U.S. Postal Service (USPS) at least 45 days before the module being applied for begins.**

Please mail to: MHTP Scholarship, c/o D Castaner, 17 Daniele Ln, #30, Millbrook, NY 12545

MHTP will promptly notify all applicants of the results of their scholarship applications by e-mail or by USPS no later than 30 days before the module date.

*MHTP regards financial information supplied on scholarship applications as strictly confidential, and uses it solely for the purpose of determining scholarship awards. By applying for an MHTP scholarship, each applicant represents that all information provided is accurate, and agrees that MHTP's decision on the scholarship application is final.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (eve.) \_\_\_\_\_ Email: \_\_\_\_\_

1. For which module are you applying? (Circle one) Module 1   Module 2   Module 3   Module 4   Module 5

2. Module Dates \_\_\_\_\_ Module Location: \_\_\_\_\_

3. Amount of credit, if any, already received toward tuition for this module: \$ \_\_\_\_\_

4. Date you were accepted into MHTP (from acceptance letter): \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Modules already completed (circle all applicable): Module 1   Module 2   Module 3   Module 4   Module 5

Date first module was completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. When do you plan to complete MHTP? Approx: Month: \_\_\_\_\_ Year: \_\_\_\_\_

7. Briefly describe your need for financial assistance. (Use additional paper or back of sheet.)