



# HMF Work/Study Application

**(Applicant's section: Print Legibly)**

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Ethnicity: Caucasian/European African Descent Asian Descent  
Hispanic Other

**Please list two character references and attach two letters of recommendation:**  
*(One from school/teacher and one from a non family member)*

1) Name \_\_\_\_\_ Subject \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

2) Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Please check which scholarship you are applying for:

Lesson \_\_\_\_\_ Camp \_\_\_\_\_ Concert \_\_\_\_\_ Class \_\_\_\_\_



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List instrument(s) you (applicant) play: \_\_\_\_\_

List instrument(s) interested in learning: \_\_\_\_\_

Do you have transportation to/from HMF? Yes \_\_\_\_\_ No \_\_\_\_\_

Who do you currently take music lessons from: \_\_\_\_\_

How long have you been taking lessons: \_\_\_\_\_

Are you willing to practice 3 hours a week or at your teachers discretion:

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, please give explanation) \_\_\_\_\_

Would you be willing to volunteer in teaching other students in exchange for lessons?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe in detail your goals and interests and how this scholarship will help you (applicant) achieve them.

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The Hickory Music Factory offers a limited number of funds for our work/study program. Funds are awarded on a quarterly basis to students providing financial assistance. Applications need to be submitted before the 1st of each quarter to be eligible for that work/study cycle. Financial need is assessed through written applications by the HMF board of directors. Students receiving financial aid are responsible for working at our facility and volunteering at HMF events. They are also responsible for attending all activities and programs. Failure to comply with these terms of the work/study program will result in revocation of the funds and students will be billed for the regular cost of the lessons and programs.

**I agree to these terms and conditions:**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please fill out application and mail to:***

**Hickory Music Factory  
P.O. Box 2712  
Hickory, NC 28603**

**(HMF Section)**

Recommendations:

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**Executive Director:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Assistant Director:** \_\_\_\_\_ **Date** \_\_\_\_\_