

# Fairbanks Suzuki Institute Student Scholarship Application



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Length of study with a Suzuki Method instructor or Private Lesson Instructor \_\_\_\_\_

Private teacher name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

List semesters/years that you have attended FSTE group lessons \_\_\_\_\_

**Eligibility for the General Scholarship:** Applicants must be registered students of the FSTE group lesson program and attend regularly. Combined family income of the child's parent(s) must be less than \$72,000 as listed on your last year's IRS tax return under Adjusted Gross Income. An institute registration form and the non-refundable \$50 registration fee MUST accompany each scholarship application.

**Eligibility for the Advanced Program Scholarship:** Students must be proficient at or above the Suzuki Cello, Viola or Violin Book 7 level and register for the advanced program, to include participation in Chamber Music.

**Important: Please be sure you submit the appropriate materials with this application.**

- All applicants must submit a letter of recommendation from their private lesson teacher. Letters must be submitted with your application materials.
- All applicants are required to submit a performance CD or DVD. The recording should include two contrasting pieces that demonstrate your current abilities on your instrument. Note: The DVD must be playable on a standard playback device.

## Checklist:

- Scholarship application form completely filled in and signed by parents/guardians and candidate
- FSI registration form and the non-refundable \$50 registration fee
- Copy of most recent tax return as specified in application reflecting family income of parent(s)/guardian(s) for the general scholarship only
- Letter of recommendation from your private lesson teacher
- Performance CD or DVD

**DEADLINE FOR APPLICATION:** All applications and supporting materials must be received by March 1 in order to be considered. Please send the materials to:

Scholarship Committee  
Fairbanks Suzuki Institute Scholarship Committee  
C/O Gail Johansen  
1887 Arctic Loon Cir  
Fairbanks, AK 99709

**Parent or Guardian Information (please print)**

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PARENT'S MARITAL STATUS (MARRIED, DIVORCED, ETC. )      WHO SHOULD RECEIVE BILLING      CUSTODIAL PARENT

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MOTHER OR GUARDIAN NAME (NOTE RELATIONSHIP)      OCCUPATION TITLE

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HOME STREET ADDRESS      CITY      STATE      ZIP CODE

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NAME AND ADDRESS OF EMPLOYER      OFFICE TELEPHONE NUMBER      FAX NUMBER

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FATHER OR GUARDIAN NAME (NOTE RELATIONSHIP)      OCCUPATION TITLE

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HOME STREET ADDRESS      CITY      STATE      ZIP CODE

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NAME AND ADDRESS OF EMPLOYER      OFFICE TELEPHONE NUMBER      FAX NUMBER

Does the student applying expect to be the recipient of any funds (scholarship, grant, award or prize from any country, state, organization or individual) specifically for attendance at the Fairbanks Suzuki Institute? \_\_\_\_\_

If yes, name the title of award and amount \_\_\_\_\_

What is the dollar amount applicant and his/her family can provide toward the institute tuition? \_\_\_\_\_

Please note unusual expenses or circumstances you would like taken into consideration  
(attach additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_

The Fairbanks Suzuki Institute is presented largely through the efforts of volunteer parents and teachers. Many hours go into the preparation and week of Institute. Receipt of a scholarship goes with the parent's agreement to donate up to six hours of time during the week of Institute, helping with tasks that need to be covered. Jobs include set-up and room preparation, baking for the receptions, set- up and cleanup after the graduation and final concerts, to name a few. Your signature indicates your willingness to donate your time as described above.

**Required Signatures**

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I authorize the release of my application information to the Scholarship Committee and other third parties for the purpose of scholarship consideration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Candidate

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

If you have any questions about this application form, you can call Gail Johansen at 907-479-4327 or email her at [akgailjohansen@gmail.com](mailto:akgailjohansen@gmail.com).