**All Scholarship Application materials must be postmarked by April 15 of the current year.**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAA member #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a current member of SAM? (required for eligibility) \_\_\_\_\_\_\_\_\_\_\_\_

Instrument: Book Level:

Violin □ Guitar □ Book 1 □ Book 6 □ Practicum □

Viola □ Recorder □ Book 2 □ Book 7 □ Supplemental: □

Cello □ Flute □ Book 3 □ Book 8 □ describe\_\_\_\_\_\_\_\_\_\_\_\_

Bass □ Harp □ Book 4 □ Book 9 □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Piano □ Voice □ Book 5 □ Book 10 □ ECC □

Please put a checkmark in the boxes below to indicate that you have included all required material:

□ Suzuki Summer Institute Teacher Training Scholarship Application.

□ Resume which includes: academic credentials, any additional formal musical training, awards and honors, specifics of Suzuki training as a student or as a teacher, professional experience as a performer, teaching experience.

□ A statement (no more than 2 pages) that summarizes why you are a good candidate for a scholarship and your understanding of the Suzuki Philosophy. You may want to mention strengths, weaknesses, goals for your study, and/or needs (educational or financial).

□ Two completed recommendation forms **to be sent directly by recommenders to the scholarship coordinator. Please provide them with addressed stamped envelopes.**

Are you receiving any other scholarship or grant monies for participation in the program for which you are applying herein? Yes □ No □

If yes, what is the amount and description of the scholarship?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send all materials to:

SAM Scholarship Coordinator

Laurie Petruconis

3452 45th Ave. S.

Minneapolis, MN. 55406

Questions should be directed to Laurie:

[fourvoicesstringquartet@yahoo.com](mailto:fourvoicesstringquartet@yahoo.com) or (612) 619-1882