

Treystock



MUSIC SCHOLARSHIP APPLICATION

Lessons from teacher affiliated with "Rock ★ U"

NAME _____

TEACHER _____

ADDRESS _____

LESSONS _____

BEGINNING DATE _____

PHONE _____

PHONE _____

AGE _____

SCHOOL _____

INSTRUMENT _____

SIGNATURE _____

*Please return completed form to Hubbard Music
All checks will be made payable to Hubbard Music*

Hubbard Music Affiliate _____

Cost of Sessions _____