

**University of Cincinnati College-Conservatory of Music**



Lonely Instruments for Needy Kids

<b>Office use only</b>
Instrument: _____
Brand: _____
Serial # _____
Date Issued: _____

**INSTRUMENT SCHOLARSHIP  
REQUEST FORM**

**Instructions for completing this form:**

This form should be completed by the instrumental music teacher, not a parent or student. If all boxes are not checked and the form does not have all requested signatures, we will not be able to provide an instrument. Please print.

<b>Student's Name:</b>		<b>Age:</b>	<b>Grade:</b>
<b>Instrument Choice:</b> (must provide 2 choices)	<b>1st</b>	<b>2nd</b>	

<b>School Name:</b>		
<b>Inst. Music Teacher's Name:</b>		
<b>Inst. Music Teacher's email:</b>		
<b>Principal's Name:</b>		<b>Phone:</b> (     )
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>

The student listed above has been recommended to receive an instrument from the CCM Musical LINKS Program. This student has met all of the following prerequisites for qualifying for the program:

- The student is officially enrolled at our school.
- The student participates or desires to participate in the instrumental program at our school.
- The student has demonstrated a good work ethic in the classroom.
- The student is in good academic standing.
- The student has demonstrated an aptitude for music.
- The student is a responsible young person who will show respect for the instrument.
- The student's parents or guardians have been unable to secure an instrument through conventional means.

We understand that this request will be fulfilled based on the availability of the instrument requested. The instrument may be used by the above student for as long as that student participates in the school instrumental music program. If an instrument is granted on a scholarship to this student, the school agrees to monitor its use and return the instrument to the CCM Musical LINKS Program should the above student no longer need the instrument.

Principal's **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Inst. Music Teacher's  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Mail this form to:** CCM Musical LINKS Program, 6891 Simpson Ave., Cincinnati, OH 45239