

Application for Financial Assistance



Parent or Adult
Legal Guardian Name: _____

Phone Number: (_____) _____ Email: _____

Address: _____
Street City State Zip

Are you currently employed? Yes No

If you are unemployed or on a low income, you agree to notify the Upscale Music Foundation immediately if your employment status or level of income changes so that your application may be reviewed for a possible adjustment.

I Agree

The Upscale Music Foundation provides financial assistance in effort to share the cost of music lessons for students age 18 and under. The amount awarded may not cover the full cost of the lessons and you may be required to pay the balance. In this case, what is the monthly amount of money you have available to pay towards music lessons?

Do you have a monthly budget amount you can pay towards lessons? Yes No

Your Monthly Amount Available: \$ _____

This application is completed for the student listed below:

Student's Full Name: _____

Birthday (DD/MM/YYYY): _____

Phone Number: (_____) _____ Email: _____

Address: _____
Street City State Zip

The program parameters and requirements for funding are attached as a separate sheet. You agree to have read and understand these parameters and requirements as the funding is governed by these terms.

I Agree

The Upscale Music Foundation supports service to our community and as such, you understand and agree that if the student is awarded funding, the student will be required to complete 2 hours of community service each month. Details will be provided if this application is accepted for funding.

I Agree

Submit a copy of your most recent tax return with this signed and completed application.

If you do not have a tax return, you will need to submit a letter that explains your current financial means. Missing documents will delay or disqualify applications.

I Agree

Submit a letter of request in the event that an exception will need to be considered by the board. The letter should explain your financial hardship (divorce, medical bills, loss of job, etc.) and why you request funding.

I Agree

Signature: _____ Date: _____

Printed Name: _____

Return the following to the address below:

- This Application
- Your Tax Return OR your letter of financial means
- Your Letter of Request

Upscale Music Foundation
c/o Dave Wilbur's Rock Lab
650 South State Street
Orem, UT 84058

Thank you!

Letter of Request

Student: _____

Date: _____



Funding Parameters & Requirements



Priority is given to students age 18 and below.

Funding will apply to a quarterly period or for up to 3 months and may be renewed quarterly, either automatically or through re-application.

Funding will be re-evaluated on December 31 of each calendar year, and may be discontinued anytime if the total funds are used up before that date.

Funding will apply towards lessons for 1 instrument per person, with a maximum of 2 people per household.

Funding will discontinue if the student fails to show and provide notice for 2 lesson appointments.

If funding is withdrawn, a new application will not be accepted until the start of the next funding cycle.

Applications must include a copy of the most recent tax return along with a signed copy of the completed application form.

In addition, funding will be contingent upon ongoing community service to be completed by the student who receives the funding benefits. Each month, the student must complete 2 hours of community service to a charitable organization. Upscale Music Foundation will provide a service form to be used to report this requirement.

If you need help identifying a charitable organization, we are happy to make suggestions.

A completed and signed service form must be submitted by the student to the Upscale Music Foundation by the last day of each month in order for funding to be available for the following month.

Community Service Report

Student must provide 2 hours of Community Service each month they receive benefits from Upscale Music Foundation.



Parent or Adult
Legal Guardian Name: _____

Phone Number: (____) _____ Email: _____

Student Name: _____

Date the Student provided Community Service: _____

Name of Service Organization: _____

What were the services you provided? (attach additional paper if needed):

Service Organization Representative Name: _____

Phone Number: (____) _____ Email: _____

I verify that the student performed the community service detailed above.

Signature: _____ Date: _____