

Southeastern Community Music School

Discount/Scholarship Registration Form

A discounted tuition will be offered to students who receive Medicaid, or SNAP benefits. Please mail the appropriate documents (Medicaid's and/or SNAP latest renewal letter) with this registration form to: Community Music School, SLU 10817, and Hammond, LA 70402

Student's Name:

Parent/Guardian Name:

Address:

Telephone numbers (include cell):

Email:

Student's Age (as of July 7): _____ Grade Just Completed: ____

School Attended Last Year: _____

Instrument of interest: _____

Documents enclosed: _____

I certify that the above information is true and correct.

Parent's or Guardian's Name: _____

This partial scholarship is provided by First Guaranty Bank!



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