

**MMTA's Music Connect Program  
Student/Parent Application Form**

Date:

**Student Information**

First Name:

Last Name:

Age:

Gender: (optional)

Current Grade in School:

What school does the student attend or Homeschooled:

**Parent/Guardian Contact Information**

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Home Phone: (please include area code)

Cell phone:

Email Address:

**General Information about student's musical interest**

What instrument are you interested in?

Do you have access to a practice instrument?

Please briefly describe any previous music instruction the you have had:

Do you have transportation to and from the lesson?

What MMTA teacher will provide your instruction?

**Financial Information to be filled out by Parent or Guardian**

Please indicate your last year's adjusted gross family income:

\_\_\_\_ Less than \$25,000

\_\_\_\_ \$25,000 - \$35,000

\_\_\_\_ \$35,000 - \$45,000

\_\_\_\_ \$45,000 - \$50,000

\_\_\_\_ \$50,000 - \$60,000

\_\_\_\_ Over \$60,000

Are there any special circumstances or additional information we should take into consideration while reviewing your application?

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I understand that Massachusetts Music Teachers Association seeks to award financial assistance to those who have genuine financial need and does not discriminate in matters of race, color, gender or gender identity, national or ethnic origin, religion, health condition or disability. To the best of my knowledge, the information given on this application is correct. MMTA and its Music Connect Program Committee will regard all financial information as strictly confidential. The MMTA's Music Connect Program Committee reserves the right to ask for additional financial information. I have read and I accept and agree to the terms of MMTA's Music Connect Program stated in the "Description for Student's Parent or Guardian"

[http://www.mmta.net/web\\_content.aspx?page\\_name=musicconnectparent](http://www.mmta.net/web_content.aspx?page_name=musicconnectparent).

Parent or Guardian Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Date: (please include day/month/year) \_\_\_\_\_

Complete this form and mail to  
Alison Barr, MMTA's Music Connect Program Chair  
663 Whiting St.  
Hanover, MA 02339

or email to:  
[musicconnectprogram@mmta.net](mailto:musicconnectprogram@mmta.net)