WESTMINSTER CHOIR COLLEGE OF RIDER UNIVERSITY OFFICE OF CONTINUING EDUCATION

PLEASE TYPE OR PRINT

TUDENTS NAME					
TUDENTS NAMEL	AST	FIRST	MIDDLE		
IRTH DATE//_	GRADE	SCHOOL			
OME ADDRESS					
CITY		STATE	ZIP		
OME TELEPHONE		CELL PHONE			
THNIC BACKGROUND					
MAIL ADDRESS					
O WHICH PROGRAM(S) ARI	E YOU APPLYING	35			
ST ANY PREVIOUS MUSICA	AL TRAINING (E.	.G. PRIVATE LESSONS, C	CHOIR, AND BAND)		
LEASE LIST TWO REFEREN	ICES; ONE OF W	HICH MUST BE AFFILIA	TED WITH YOUR SCHOO		
NAME	POSITION	PHONE	EMAIL		
	POSITION	DIIONE	TIMATI		
NAME	POSITION	PHONE	EMAIL		
LEASE WRITE A PARAGRAP	H ON WHY YOU	SHOULD BE CHOSEN F	FOR THIS GRANT. (THIS		
AN BE ATTACHED ON A SE			·		

PLEASE SUBMIT ALL FORMS TO: WESTMINSTER CHOIR COLLEGE OF RIDER UNIVERSITY OFFICE OF CONTINUING EDUCATION 101 WALNUT LANE - PRINCETON, NJ 08540

PLEASE SUBMIT A COPY OF YOUR MOST RECENT INCOME TAX RETURN.

FINANCIAL AID INFORMATION (TO BE FILLED OUT BY THE APPLICANT'S PARENT OR GUARDIAN)

The following information must be filled out of this application to be considered. All information will be held in confidence and used only for the purpose of determining financial need. If you have questions or concerns regarding this application, please contact the Office of Continuing Education at 609-924-7416. You may fax the application to 609-921-6187.

PLEASE TYPE OF PRINT

LAST NAME (FATHER OR GUARDIAN)		FIRST NAME	DAYTIME PHONE		
LAST NAME (MOTHER OR GUARDIAN)		FIRST NAME	DAYTIME PHONE		
STREET ADDRESS	CITY	STATI	E ZIP		
FATHER'S EMPLOYER					
ANNUAL SALARY \$					
MOTHER'S EMPLOYER					
ANNUAL SALARY \$					
ADDITIONAL INCOME (E.G. VETERAN'S C	OR SOC	CIAL SECURITY BE	NEFITS, ETC.)		
IF APPLICABLE: WELFARE NUMBER		MONTHLY	AMOUNT		
TOTAL ANNUAL FAMILY INCOME \$					
NUMBER OF PERSONS SUPPORTED BY THE ABOVE INCOME					
Parents and scholarship applicant should read and	sign in	the appropriate place	s upon agreement of the following:		
If given a grant, I agree to attend the program in it to write a short report about my experience at We Seward Johnson, Sr. Charitable Trusts.					
STUDENT SIGNATURE			DATE		
AS PARENT OR GUARDIAN OF THE SCHO THE ABOVE CONDITIONS OF THE SCHOI		· · · · · · · · · · · · · · · · · · ·			

PARENT OR GUARDIAN SIGNATURE

CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE

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