



Wayne C. Henderson Festival Inc.
Scholarship Committee
PO Box 531
Galax, VA 24333

REIMBURSEMENT FOR MUSIC LESSONS

Date: _____

Name of Student: _____

Name of Teacher: _____

Address of Teacher: _____

Teacher's Phone: _____

Date(s) of lessons to be reimbursed:

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Cost per lesson: _____

Total due: _____

Signature of Student:

Signature of Teacher:

You may make copies of this form as needed for reimbursement....

**Please send completed form to: WCH Scholarships and Grants
C/O Phillip Cardwell, Finance Coordinator
@ the above address**

Questions? Call Diane or Lou Morrison @ 336-363-3006 or email @trailhounds@embarqmail.com