



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

**MUSIC LESSON REIMBURSEMENT FORM**

Reimbursement will only be made **AFTER** music lessons have been received.  
Your music instructor must document dates & cost of instruction below, sign & submit.

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ Teacher's Phone: \_\_\_\_\_

Address of Teacher: \_\_\_\_\_

Teacher Social Security Number: \_\_\_\_\_

Date of lesson:

Cost per lesson:

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\_\_\_\_\_

**TOTAL**

\_\_\_\_\_

\_\_\_\_\_  
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 Cheryl Davis, Finance Coordinator @ **the above address**

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