



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

WCH SCHOLARSHIP REIMBURSEMENT FORM

- ❖ Reimbursement for individual lessons will **be made directly to the music instructor after the lessons have been received**. Your music instructor must document dates & cost of instruction below, sign & submit.
- ❖ Reimbursement for JAM Programs and/or Music Camps will be mailed **directly to the JAM Program or the Music Camp after you are registered**.

NAME OF SCHOLARSHIP RECIPIENT: _____ DATE: _____

INDIVIDUAL LESSONS

Name of Music Teacher: _____ Teacher's Phone #: _____

Teacher's Address: _____

<u>Date of lesson:</u>	<u>Date of lesson:</u>	<u>Date of lesson:</u>	<u>Date of lesson:</u>
_____	_____	_____	_____
_____	_____	_____	_____

COST PER LESSON _____ X _____ # OF LESSONS = TOTAL REIMBURSEMENT REQUEST \$ _____

Signature of Student: _____ Signature of Teacher: _____

JAM PROGRAMS

Name of JAM Program _____

JAM Mailing Address _____

Dates of JAM Program _____ Cost of JAM Program \$ _____

Signature of JAM Program Director _____

MUSIC CAMPS

Name of Music Camp _____ Name of Contact @ Camp _____

Camp Mailing Address _____

Dates of Music Camp attending _____ Cost of Music Camp \$ _____

NOTE: For questions, call Diane or Lou Morrison @ 336-469-4758 or email @ trailhounds@embarqmail.com
You may make copies of this form as needed for reimbursement. Please send **completed** form to: WCH
Scholarships and Grants C/O The Finance Coordinator @ the above address **or** email to grace.davis@ampf.com