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: __________________________________________________________

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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 @ wchscholarships@gmail.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 gwilson195@gmail.com