



Wayne C. Henderson Foundation

PO Box 531

Galax, VA 24333

### **WCH SCHOLARSHIPS 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 the 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: \_\_\_\_\_

### **PAYMENT FOR INDIVIDUAL LESSONS**

Name of Music Instructor: \_\_\_\_\_ Instructor's Phone #: \_\_\_\_\_

Instructor'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: \_\_\_\_\_

### **PAYMENT FOR JAM PROGRAMS**

Name of JAM Program \_\_\_\_\_

JAM Mailing Address \_\_\_\_\_

**Dates of JAM Program** \_\_\_\_\_ **Cost of JAM Program \$** \_\_\_\_\_

Signature of JAM Program Director \_\_\_\_\_

### **PAYMENT FOR 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](mailto:wchscholarships@gmail.com)

You may make copies of this form as needed for reimbursement. **Please send the completed form to:** WCH Foundation Scholarships C/O the Finance Coordinator @ the above Galax, VA address **or** email to [info@waynehenderson.org](mailto:info@waynehenderson.org).