



**University of Wisconsin-Stevens Point**

College of Fine Arts & Communication  
American Suzuki Institute  
Aber Suzuki Center

Stevens Point WI 54481-3897  
715-346-3033; Fax 715-346-3858

**2021 AMERICAN SUZUKI INSTITUTE  
APPLICATION FOR NEEDS-BASED SCHOLARSHIP**

(One application per family)

Parent's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_

Birthdate(s): \_\_\_\_\_

Address: \_\_\_\_\_  
                                    Street                                    City                                    State                                    ZIP

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Email: \_\_\_\_\_

To be considered for the need-based scholarship, please include this form (signed) with the following:

1. Completed Institute application.
2. Completed teacher recommendation form (see attached) for each student.
3. Indicate which level best describes your family's gross income:  
 \$5,000-19,000       \$50,000-65,000  
 \$20,000-35,000       \$65,000-80,000  
 \$35,000-50,000       \$80,000+
4. Explain any financial circumstances that, when considered along with family size and gross income, give a better picture of the financial need.  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) and age(s) of dependents living at home:

\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information provided is true and correct**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

Mail to: ASI Needs-based Scholarship Committee  
American Suzuki Institute  
University of Wisconsin-Stevens Point  
Stevens Point, WI 54481

**APPLICATION DEADLINE IS MAY 1, 2021**  
Applications received after this date will not be considered.



**University of Wisconsin-Stevens Point**

College of Fine Arts & Communication  
American Suzuki Institute  
Aber Suzuki Center

Stevens Point WI 54481-3897  
715-346-3033; Fax 715-346-3858

**2021 AMERICAN SUZUKI INSTITUTE  
APPLICATION FOR NEED-BASED SCHOLARSHIP  
TEACHER RECOMMENDATION FORM**  
(One recommendation per student)

Dear Suzuki Teacher:

Your student, \_\_\_\_\_, is applying for a need-based scholarship to the American Suzuki Institute. Please complete this form and return it to the student in a sealed envelope to send with his/her completed scholarship application, or send it directly to us under separate cover, to be received by **May 1, 2021**.

---

Describe the family's commitment to the Suzuki philosophy. Give examples, if possible.

---

---

---

Describe the student's eagerness to learn. Give examples, if possible.

---

---

---

Describe the student's and/or parent's commitment to consistent preparation of the weekly lesson.

---

---

---

Length of time the student has been involved in Talent Education. \_\_\_\_\_

List any other information that makes this family worthy of scholarship consideration. (Optional)

---

---

**Mail to: ASI Need-based Scholarship Committee, ASI, UWSP, Stevens Point, WI 54481**