

Music Academy of Western North Carolina, LLC
Scholarship Program
Non-Profit Organization Volunteer Verification Form

Month / Year: _____

Student Name: _____

Non-Profit Organization: _____

Non-Profit Organization Telephone Number: _____

Non-Profit Organization Contact Person: _____

Completed Volunteer Dates: _____

Number of Completed Volunteer Hours: _____

A minimum of two (2) volunteer hours per calendar month must be completed for scholarship funding to continue. Please verify completed volunteer hours with a signature and date below. The parent should return this form to the Music Academy Director by the 25th of each calendar month for scholarship funding to be released for the upcoming month.

Parent Signature: _____

Date: _____

Non-Profit Organization Contact Signature: _____

Date: _____