

STEINWAY SOCIETY OF CENTRAL FLORIDA
Piano Application

Name of Applicant: _____

Address: _____

Home Phone: _____ Alternative Phone: _____
(Please specify: cell, work, etc.)

Date of Birth: _____ Social Security Number: _____

Race: (circle one) African-American Caucasian Hispanic Other _____

Ages of Children Living in Applicant's Home (if applicable): _____

Mother's Name: _____

Father's Name: _____

Guardian's Name: _____
(If applicable)

Other financial information you believe may be applicable:

School: _____ GPA: _____

Music Teacher (if applicable): _____ Phone: _____

List Activities, Honors and/or Awards:

References: Applicant may submit up to three (3) references. One must be drawn from a school authority.

The others may come from an adult over the age of 18 that has known the Applicant for at least two (2) years. Please supply names, addresses, and telephone numbers for all references.

Essay: Please submit a short essay on why you wish to play the piano or why you love to play music.

Please Attach Parent or Guardian's prior year IRS tax filing