



College of Fine Arts & Communication American Suzuki Institute Aber Suzuki Center Stevens Point WI 54481-3897 715-346-3033; Fax 715-346-3858

2024 AMERICAN SUZUKI INSTITUTE APPLICATION FOR SCHOLARSHIP ASSISTANCE

(One application per family)

Parent's Name:		Email:	
Name of Student(s):		Birthdate(s):	
Address:	C'1		
Street	City	State	ZIP
Cell Phone:		Home Phone:	
Teacher's Name:		Email:	
 Completed Institute Completed teacher Indicate which leve \$10,000-19,000 \$20,000-35,000 \$35,000-50,000 	recommendation form (see attached el best describes your family's gross in \$50,000-65,000 \$65,000-80,000 \$80,000+ al circumstances that, when considered	d) for each student. income:	
Name(s) and age(s	s) of dependents living at home:		
	I certify that the information pr	rovided is true and corr	
	Parent's Signature	Date	_

Mail to: ASI Scholarship Assistance Committee

American Suzuki Institute

University of Wisconsin-Stevens Point

Stevens Point, WI 54481

APPLICATION DEADLINE IS MAY 1, 2024

Applications received after this date will not be considered.