Under the Duke University String School (DUSS) **Dorothy Kitchen Scholarship Fund**, families may apply for scholarship assistance. Scholarships are offered for 75%, 50%, or 25% of tuition costs and may be applied to Ensemble/Group Classes, Chamber Music, and/or Private Lessons.

Scholarship awards are based on availability of funds in the scholarship program and approval by the DUSS Director based one or more of the following criteria:

1. **Financial need**: a copy of the most recent year’s 1040 tax return is required.
2. **Parent involvement**: such as ensemble assistant, accompanist, concert coordinator, etc.
3. **Stephanie Swisher Ensemble Scholarship**: for participation on a second instrument (viola, cello, bass) in an additional ensemble. Scholarship covers 100% of second ensemble fee.

Scholarship Assistance is open to all registered students who provide a complete and accurate application with supporting documentation, meet the criteria, and have no outstanding fees.

**Students applying for scholarship for the first time are required ask for a recommendation from a teacher or other adult supervisor** (i.e. classroom teacher, choir conductor, after school program director, etc). The recommender should include information on the student’s character, ability on their instrument, and family commitment. Recommendations should be sent directly from the writer to the DUSS director.

Applications and any supporting documents must be received no later than Wednesday, August 22, 2018 and may be mailed or emailed to:

Duke University String School  
Attention: Erica Shirts, Director  
Box 90667  
Durham, NC 27708-0667  
erica.shirts@duke.edu

Applicants will receive notification whether their scholarship request is granted or denied, usually within 1 week of the deadline. If a scholarship is awarded, the student will receive a Notice of Acceptance to sign. If a scholarship is not awarded, they will have an opportunity to submit a Notice of Appeal.

Any Notice of Acceptance must be signed by the applicant and returned to the Director within five (5) days, confirming:

1. Acceptance of the award and amount and
2. Family member’s agreement to help with Parent Volunteer Committee at concerts
3. The applicant’s commitment and obligation to pay the remaining balance due. (Note: When scholarships are awarded, the amount awarded will be applied to the fees, with the applicant responsible for paying the balance.)

Continuation of scholarship assistance each semester is dependent on attendance, normal progress, and expected behavior.
Full Name of Student: ___________________________________  Age: _____

Parent/Guardian Name(s): ______________________________________________________

Address: ____________________________________________________________________________

City: __________________________ State: ________ Zip Code: __________________

Phone: _________________________ Email Address: ________________________________

Number of Years Participating in DUSS: ______  Do you have a Private lesson Teacher? ______

Private Lesson Teacher’s Name: __________________________ Instrument __________________

Number of Children Participating in DUSS: ______ Number of Members in Household: ______

Are you a Kidznotes Applicant (check one)? Yes _____ No ______

**Indicate which type of scholarship is requested:**


Please attach any additional information you feel should be considered. If this is the student’s first time applying, please include a recommendation. *(Note: If this application is based on financial need, you must include a copy of your most recent 1040 tax return for us to consider the application. Please do not include additional Schedule forms -- just the 1040 form.)*

I would like to be considered for:


**Family member and contact information willing and able to volunteer at concerts:**

Name____________________________ Best Contact __________________________

Signature of family member willing and able to volunteer: __________________________

The information that I have provided is true and correct, to the best of my knowledge; and I will notify the DUSS Director in writing of any significant changes to the information submitted in or with this application.

Parent or Guardian Signature: ___________________________________ Date: ________________