

Johnson Music Scholarship Monthly Payment Request & Activity Record

Name of Student: _____

Parent Name: _____

Lesson Date Practice Hours* Describe any dates your music was used to serve Calvin and/or Community

Teacher/Group: _____

Type of Instruction Provided: _____

I certify that the above record is accurate and reflects the lessons and events in which the student participated and the hours of practice and performance that the student completed.

(Signature by Parent/Gaurdian) _____ Date _____

(Signature by Teacher) _____ Date _____

**Practice hours are the number of hours spent in individual practice outside of lessons, school, or church events. Specific times are not necessary-just an estimate of total practice hours.*

Total Reimbursement Requested: _____

Johnson Scholarship Approval: _____