



## Scholarship Application Instructions

In an effort to make Kutandara programs available to an ever-widening audience, Kutandara offers access to its Moon & Stars Scholarship Fund to all students in financial need. We use the USDA's income eligibility guidelines to determine financial need: <https://www.govinfo.gov/content/pkg/FR-2023-02-09/pdf/2023-02739.pdf>

Anyone interested in applying for a scholarship (both new and existing students) may complete the attached application for consideration by the Moon & Stars Scholarship Committee. All applications are confidential.

Applications for the upcoming school year will be accepting on a rolling basis. Awards will be announced as they are made. All awards are confidential.

To apply:

1. Complete the enclosed application:
  - a. New Students: complete page 2 and attach the top two pages of your family's most recent 1040.
  - b. Existing Students: complete pages 2 & 3 and attach the top two pages of your family's most recent 1040. If your income is not low enough for you to be considered in financial need, but you still desire assistance and wish to be considered for a merit-based award, please have your current Kutandara instructor complete page 4 and return to you in a sealed envelope for inclusion in your application packet.
  
2. Hand your completed application in a sealed envelope to your instructor, or mail it to:

Moon & Stars Foundation DBA Kutandara  
PO Box 17913  
Boulder, Colorado 80308

3. If you have questions about the Moon & Stars Scholarship Fund, please direct your questions to:

Amy Stewart McIntosh, Executive Director  
c/o Kutandara  
PO Box 17913  
Boulder, Colorado 80308  
(303) 443-2969

Or, email your questions [info@kutandara.org](mailto:info@kutandara.org) with "Moon & Stars Scholarship Questions" in the subject line.



**Financial Information**

Kutandara offers a Moon & Stars Scholarship Program to all students in financial need for classes, lessons, and workshops. Scholarships are granted on the basis of financial need. Assistance will be granted to the extent that funds are available. All applications are confidential.

Name of Financially Responsible Party: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Student Name: \_\_\_\_\_

1) Semester for which you are applying:

\_\_\_\_ Fall (August- December) \_\_\_\_ Winter (January – March) \_\_\_\_ Spring (March- May) \_\_\_\_ Summer (June-July)

2a) Program you (or your child) are hoping to attend: \_\_\_\_\_

2b) Cost of program you (or your child) are hoping to attend: \_\_\_\_\_

3) What is the dollar amount that you are able to pay? (required) \$ \_\_\_\_\_

4) Do you anticipate you will continue to need financial assistance in the future? \_\_\_\_\_

5) Family Information: \_\_\_\_ # of adults in household \_\_\_\_ # of children in household

6) Financial Information: What is your present household income level (including salaries, wages, unemployment social security, child support, aid to dependent children, food stamps, 401k retirement funds, alimony, other)? *US federal income eligibility guidelines may be used to determine what level of tuition assistance is granted. Please attach the top two pages of your family's most recent 1040.*

- under \$8,000
- \$8,001 to \$12,000
- \$12,001 to \$15,000
- \$15,001 to \$18,000
- \$18,001 to \$20,000
- \$20,001 to \$25,000
- \$25,001 to \$30,000
- \$30,001 to \$35,000
- \$35,001 to \$40,000
- over \$40,000

*I hereby declare that the information provided is true, accurate and complete to the best of my knowledge. I am aware that if any information I have provided is incorrect that my tuition assistance privileges may be revoked.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Personal Statement**  
for existing students with financial need

Student Name: \_\_\_\_\_

Student years of playing at Kutandara: \_\_\_\_\_

Total years of playing: \_\_\_\_\_

Have you received financial assistance from Kutandara in the past? \_\_\_\_\_

If yes, how much? \_\_\_\_\_ Over what duration? \_\_\_\_\_

1. What are your future marimba goals?

2. How do you see yourself as a marimba player? As a community member?

3. How do you think this financial assistance will impact your ability to continuing growing as a musician and a member of the Kutandara community?



**Instructor Recommendation**  
for existing students desiring a merit-based award

Student Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Student years of experience: \_\_\_\_\_

Student years of experience with this instructor: \_\_\_\_\_

Attendance: \_\_\_ Excellent (95%+) \_\_\_ Good (80%) \_\_\_ Fair (75%) \_\_\_ Poor (60%)

1. Please comment on how this student shows their commitment to Kutandara's music.

2. Please comment on how this student contributes to their class and/or the wider Kutandara community.

3. Please comment on to what degree this student has a level of experience and talent to warrant a merit-based scholarship.