



2023

Harp Scholarship Program

MISSION STATEMENT: THE TARA CIRCLE, INC., (TARA CIRCLE) IS A 501(C) (3) NOT-FOR-PROFIT ORGANIZATION. ITS MISSION IS TO FOSTER INTEREST AND AWARENESS OF IRISH-AMERICAN CULTURE AND MAINTAIN THE HISTORY AND TRADITIONS OF IRISH-AMERICAN CULTURE FOR FUTURE GENERATIONS.

GRANT PROCESS: IN ACCORDANCE WITH ITS MISSION, TARA CIRCLE WILL CONSIDER PROVIDING FINANCIAL ASSISTANCE, IN THE FORM OF A 6 MONTH SCHOLARSHIP. TO BE CONSIDERED FOR A SCHOLARSHIP FROM THE TARA CIRCLE, AN APPLICATION MUST BE COMPLETED AND SENT TO THE TARA CIRCLE. REQUESTS WILL BE REVIEWED BY THE SCHOLARSHIP COMMITTEE FOR QUALIFICATIONS RELATIVE TO THE MISSION STATEMENT. ALL GRANTS WILL THEN REQUIRE FINAL APPROVAL BY THE BOARD OF DIRECTORS OF TARA CIRCLE.

Initial Application Form *(all information, including signatures, is required)*
(PLEASE TYPE/PRINT ALL RESPONSES)

_____ I am a student at _____ .
NAME (print full name, first and last, no nicknames)
HOME ADDRESS (provide house number, street name, town/city, state/province, and zip code/postal code)
HOME PHONE (with area code)
CELL PHONE (for you and/or your parents; with area code)
E-MAIL ADDRESS (for you and/or your parents)

MUSIC SCHOOL S (Print the name and location of any school, as well as the instructors)	
NUMBER OF YEARS STUDYING MUSIC	
MY SIGNATURE	
<ul style="list-style-type: none"> ● I understand that I must submit a complete initial application to be considered at the initial phase.. ● I understand that a percentage of the total number of initial applicants will be advanced to the second phase of consideration based upon evaluation of the initial phase applications. I also understand that not all second phase applicants will be awarded scholarships. ● I agree to accept all decisions of the scholarship committee and its agents as final. 	
Signature _____	Date _____
MY PARENT'S/GUARDIAN'S SIGNATURE	
<ul style="list-style-type: none"> ● I/we understand that our child must submit a complete initial application to be considered at the initial phase. ● I/we understand that a percentage of the total number of initial applicants will be advanced to the second phase of consideration based upon evaluation of the initial phase applications. I/we also understand that not all second phase applicants will be awarded scholarships. ● My/our child has permission to apply for this scholarship program. ● I/we agree to accept all decisions of the scholarship committee and its agents as final. 	
Signature _____	Date _____

Application Procedures:

1. Complete the INITIAL APPLICATION FORM, providing all information requested.
2. You may choose to include a statement of financial need with a Tax return.
3. E-mail all required materials **in a SINGLE pdf file** to: joan@taracircle.org
4. Any student who has previously been awarded a Tara Circle Scholarship is NOT eligible to re-apply for the scholarship program.

Initial Application Evaluation: All initial applicants will be notified in writing **by email**.
All decisions are at the absolute discretion of the Tara Circle, Inc.

