



**University of Wisconsin-Stevens Point**

College of Fine Arts & Communication  
American Suzuki Institute  
Aber Suzuki Center

Stevens Point, WI 54481-3897  
715-346-3033

**2025 AMERICAN SUZUKI INSTITUTE  
APPLICATION FOR SCHOLARSHIP ASSISTANCE**

(One application per family)

Parent's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_

Birthdate(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

Cell Phone: \_\_\_\_\_

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

Teacher's Name: \_\_\_\_\_

Email: \_\_\_\_\_

To be considered for the need-based scholarship, please include this form (signed) with the following:

1. Completed Institute application.
2. Completed teacher recommendation form (see attached) for each student.
3. Indicate which level best describes your family's gross income:
 

<input type="checkbox"/> \$10,000-19,000	<input type="checkbox"/> \$50,000-65,000
<input type="checkbox"/> \$20,000-35,000	<input type="checkbox"/> \$65,000-80,000
<input type="checkbox"/> \$35,000-50,000	<input type="checkbox"/> \$80,000+
4. Explain any financial circumstances that, when considered along with family size and gross income, give a better picture of the financial need.

\_\_\_\_\_  
\_\_\_\_\_

Name(s) and age(s) of dependents living at home:

\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information provided is true and correct.**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

Mail to: ASI Scholarship Assistance Committee  
American Suzuki Institute  
University of Wisconsin-Stevens Point  
Stevens Point, WI 54481

Or email to: [suzuki@uwsp.edu](mailto:suzuki@uwsp.edu)

**APPLICATION DEADLINE IS MAY 1, 2025**

Applications received after this date will not be considered.



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**2025 AMERICAN SUZUKI INSTITUTE  
APPLICATION FOR SCHOLARSHIP ASSISTANCE  
TEACHER RECOMMENDATION FORM**  
(One recommendation per student)

Dear Suzuki Teacher:

Your student, \_\_\_\_\_, is applying for scholarship assistance to the American Suzuki Institute. Please complete this form and return it to the student in a sealed envelope to send with their completed scholarship application, or send it directly to us under separate cover, to be received by **May 1, 2025**.

Describe the family's commitment to the Suzuki philosophy. Give examples, if possible.

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Describe the student's eagerness to learn. Give examples, if possible.

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Describe the student's and/or parent's commitment to consistent preparation of the weekly lesson.

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Length of time the student has been involved in Talent Education. \_\_\_\_\_

List any other information that might be helpful to us in consideration for scholarship. (Optional)

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**Mail to: ASI Scholarship Assistance Committee, ASI, UWSP, Stevens Point, WI 54481**  
**Or email to: [suzuki@uwsp.edu](mailto:suzuki@uwsp.edu)**