



A federally approved tax exempt 501c3 non-profit organization
(808) 737-7236 | info@taikoartscenter.org | www.taikoartscenter.org

Summer Taiko Intensive 2018 Youth Scholarship Application

Full Name: _____
Last First Middle

Address: _____
City State Zip Code

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Gender: _____ Grade Level: _____

School: _____
Name City State

Major/Favorite School Subjects: _____

Extracurricular Activities: _____

Taiko Group/Teacher Affiliation: _____

Years of Taiko Experience: _____ Favorite taiko instrument: _____

What do you like best about taiko and what do you hope to gain from the STI workshop? How will this partial scholarship help you to fulfill these goals? (continue on back if necessary)

Applicant _____
Signature Date

Parental Approval _____
Signature Print Name Date

Submit application to:

Taiko Arts Center 4348 Waiialae Avenue #816 • Honolulu, HI 96816 OR Email: info@taikoartscenter.org

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