EUGENE-SPRINGFIELD YOUTH ORCHESTRAS

**ESYO PRIVATE LESSON SCHOLARSHIP BILLING FORM**

TEACHERS: Please fill out and this billing form and submit it **by the 10th of each month** for the previous month of lessons. For example, November's bill needs to be received by December 10th. It is important that forms are received in a timely manner **every month** so your student can continue receiving their scholarship from ESYO. **If forms are not received within 30 days after the due date, scholarship payment for that month will be forfeited.**

Private Teacher Name _____

Address _____
Street City Zip

Phone _____ Email_____

**Lesson Information**

Student Name_____

Month/Year _____

| | | Length of Lesson: | | |
|---|---|---|---|---|
| Lesson Dates | 1. _____ | □ ½ hr | □ 45 min | □ 1 hr+ |
| | 2. _____ | □ ½ hr | □ 45 min | □ 1 hr+ |
| | 3. _____ | □ ½ hr | □ 45 min | □ 1 hr+ |
| | 4. _____ | □ ½ hr | □ 45 min | □ 1 hr+ |
| | 5. _____ | □ ½ hr | □ 45 min | □ 1 hr+ |

*ESYO cannot reimburse instructors for missed lessons. Please only bill for lessons attended.*

**Total # Lessons: _____ x $20 = $_____ (maximum 5 lessons per month)**

Teacher Signature _____ Date Submitted _____
(not required if submitting electronically)

**Return to:** Eugene-Springfield Youth Orchestras
PO Box 5666
Eugene, OR 97405
Email: office@esyorchestras.org

***** REMEMBER: This form is due in our office by the 10TH of EACH MONTH *****

**Your student's parent must also submit a separate form by the 10th.**
When *both* forms are received, payment will made.

Please call the ESYO office at 541-484-0473 if you have any questions. Thank you!