



**SCHOLARSHIP REQUEST FORM**

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

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

City State Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Music Class / Ensemble Currently Enrolled: \_\_\_\_\_

Name & Location of Summer Camp: \_\_\_\_\_

Date(s) of Camp Attendance: \_\_\_\_\_

Camp Tuition Amount: \$ \_\_\_\_\_

*Please note: Upon submittal of this request, please attach a statement that describes the above program and what you hope to gain by attending.*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

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*For Music Booster Use:*

Date Received: \_\_\_\_\_

Approved by: \_\_\_\_\_

Scholarship Amount: \$ \_\_\_\_\_