

Summer Chamber Music Camp Scholarship Application

Please print out this page and mail it with your application and fee to:

WVYO Chamber Music Ensemble Camp P.O. Box 206, Litchfield Park, AZ 85340-0206 Partial payment due with application - \$60

Auditions are May 18, 2019 at Trinity Lutheran Church, 830 E. Plaza Circle, Litchfield Park, AZ

Student Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____ Birth Date: _____

Instrument: _____ Number of years played: _____ Name
of school string teacher: _____

Private lessons? Yes No (Circle one)

Teacher _____ Phone _____

Is applicant participating in other musical experiences out of school? _____ Explain:

Name of Parents: _____

Applicant lives with (circle one): Mother only Father only Both parents Other

Father's employment/title: _____

Mother's employment/title: _____

Total gross family income from _____ (year) \$ _____

Number of dependents at home: _____

Youth Orchestra participation: _____

I hereby certify that all the information supplied in this application is true.

Parent/Guardian Signature: _____ Date: _____