

# 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 June 5, 2021 location TBD

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: \_\_\_\_\_