

# 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 1, 2024 at St. Peter's Episcopal Church, 400 S. Old Litchfield Rd., Litchfield Park

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

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

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: \_\_\_\_\_