

**JMTA SUMMER MUSIC CAMP
SCHOLARSHIP APPLICATION**

Full name of student: _____

Address: _____

Phone: _____ **Email:** _____

Age: _____ **Grade in school:** _____ **Years of private study** _____

Approximate level of student's ability: _____

Parent/contact name: _____

Private Teacher: _____

Teacher's Phone: _____ **Email:** _____

Please list the student's participation in musical activities: _____

Scholarships will be awarded according to need. Please give any information that is known about the student's financial situation. This information will be kept confidential.

Please note: Student will be expected to submit a receipt from the Camp Director showing evidence that the student attended the camp. Failure to do so within one week of the end of camp will result in a reimbursement of scholarship funds to JMTA.

Signature of private teacher: _____

Date: _____