

**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: \_\_\_\_\_