

BAY CONCERT BAND SCHOLARSHIP APPLICATION

(PLEASE COMPLETE BOTH SIDES OF APPLICATION.)

Name _____ Age _____

Address _____ Phone _____

School _____ I am currently in Grade 9 ___ 10 ___ 11 ___

Instrument _____

Other Instruments _____

Private teacher _____ Phone _____

Address _____ Years Studied _____

Other Musical Experience (please include solo/ensemble awards):

Please tell us why you would you like to receive this scholarship and what you hope to learn at a summer band camp.

Band camp you would like to attend _____

This scholarship is for study at a summer music camp (such as Interlochen or similar) or a summer program offered on the campus of any accredited University or College.

Total cost for your camp session \$ _____

Recommendation by Band Director: (REQUIRED)

Recommendation by Private Teacher: (OPTIONAL)

You must be present at the Bay Concert Band performance scheduled on Tuesday, March 2, 2010 to receive your award. Award recipients will be invited to perform with the Bay Concert Band on May 11, 2010. If you elect to participate in the concert, you will be required to attend all rehearsals from March 9 – May 10.

Band Director's Signature

Private Teacher's signature

Applicant's Signature

Parent or Guardian's Signature

Please return completed application by **February 5, 2010** to:

**BAY CONCERT BAND
P O BOX 641
BAY CITY MI 48707-0641**

Deadline will not be extended.