

SEMINARY STRING CAMP SCHOLARSHIP APPLICATION FORM 2011

Please mail to the following address or bring to Cooke Hall Office by May 6.
Seminary String Camp/SBTS, 2825 Lexington Road, Louisville, KY 40280

Student's Name (last, first, middle): _____ Age: _____

Instrument: _____ Book Level and/or most advanced piece: _____ Years of Study: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Parent's Cell or Daytime Phone _____ Evening Phone: _____

Parent's email: _____ Fax: _____

Private Teacher's Name: _____ Teacher's Phone _____

Father's Name _____ Occupation _____ Employer: _____

Mother's Name _____ Occupation _____ Employer: _____

Number of children/dependents in family _____ Ages of all dependents _____

Adjusted Gross Annual Income as listed on most recently filed IRS Form 1040 \$ _____ Amount Requested \$ _____

Please attach a photocopy of the first two pages of your family's most recently filed IRS 1040 form. This helps us in prioritizing scholarship decisions. Please mark out Social Security numbers with permanent black marker.

Please state your reasons for requesting scholarship assistance: _____

The family of the Scholarship recipient is expected to volunteer during String Camp. Examples of volunteer activities include preparation and distribution of snacks, setting up orchestra chairs and stands, setting up the stage for Recitals and the Friday Concert, carpooling for the Outreach Concert, helping teachers monitor students during snack break, etc. Your signature below affirms your willingness to complete volunteer tasks for Seminary String Camp. Parents of winners will be provided with specific details.

Please check before signing:

- ____ Photocopy of IRS Form 1040 is enclosed
- ____ Registration Form and Registration Fee check are enclosed
- ____ Teacher Recommendation Form with a stamped envelope have been given to the private teacher if your child takes private lessons. Please address the envelope to: Seminary String Camp, SBTS, 2825 Lexington Road, Louisville, KY, 40280.

Parent's Name (printed) _____ Parent's Signature _____ DATE _____

SEMINARY STRING CAMP 2011 -- TEACHER RECOMMENDATION FORM

To the private teacher: Please **do not return** this completed form to the student or parents.

Please drop by the Cooke Hall Office **by May 6** or mail to:
Seminary String Camp/SBTS, 2825 Lexington Road, Louisville, KY 40280

Name of Student: _____ Instrument: _____

Name of Private Teacher: _____ Name of school/business where taught: _____

Teacher Business Address: _____ City: _____ State: ___ Zip: _____

Teacher email: _____ Daytime or cell Phone: _____ Evening Phone: _____

I have taught this student ___ years or _____ months.

Does this student practice consistently and receive consistent parental support for private study, to your knowledge? Please elaborate.

How is this student progressing compared to other students at his or her level? Please describe.

In a few sentences, would you recommend this student for a scholarship for Seminary String Camp and why? Please address the student's potential as a musician

Thank you!