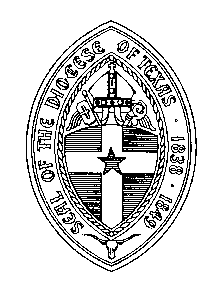
**DIOCESAN MUSIC COMMISSION** **SCHOLARSHIP FORM**

[**www.epicenter.org/for-leaders/music-commission**](http://www.epicenter.org/for-leaders/music-commission)

**Dr. Linda Patterson, Chair** [**music@standrewsbcs.org**](mailto:music@standrewsbcs.org%20)  **979-822-5176 x105**

**217 W. 26th Street, Bryan, TX 77803**

**DIOCESAN MUSIC CAMP** **—June 8th-13th** for rising grades **6-12**!

A week-long camp with vocal & instrumental training. Tuition for year’s session is $ 675, including room and board, with scholarships available.

It is the policy of the Music Commission and our partners in ministry, The Gilbert & Thyra Plass Foundation and the Commission on Black Ministry, to provide 1/3 scholarships (when available and approved), with the expectation that the camper’s family and camper’s home church will provide the remaining balance. Exceptions to the policy are considered on a case-by-case basis by a Scholarship Committee. In all cases, parents will be asked to contribute the $ 75 deposit to secure a spot (before May 1).

Letters in support of the application may be forwarded to the above address.

Student’s Name: Age: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ Mailing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Priest/Pastor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Music training/experience (include choir/band/orchestra):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe why you are requesting scholarship assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other agencies, organizations, Churches, etc. from which assistance has been requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested (1/3 is $ 225) \_\_\_\_\_\_\_\_\_\_

I hereby certify that the above information is true and accurate to the best of my knowledge, and that this application is made in good faith with no intent to misrepresent the applicant’s circumstances.

Parent or Guardian Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church Clergy Signature and Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return by email to [music@standrewsbcs.org](mailto:music@standrewsbcs.org).