

Little Rock Winds

Band Camp Scholarship Application

Name _____ Age _____ Grade _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone: _____

Parents' Names _____

Parents' Emails _____

School _____

Band Director _____ Private Instructor _____

Instrument _____ Years in Band _____

Band Camp attending _____

Give the number of years you achieved each of the following.

All-Region 1st Band _____ All-State Wind Ensemble _____ 1st Div. Solo/Ensemble _____

All-Region 2nd Band _____ All-State Symphonic Band _____ 2nd Div. Solo/Ensemble _____

All-Region Jazz Band _____ All-State Concert Band _____ All-State Jazz Band _____

List other musical honors and awards.

Send with the application:

Please write a thoughtful essay of 400 words or less about why you would like to attend band camp. Briefly describe who you are. Focus on your personal success and mention positive achievements in band. Explain how this scholarship to band camp will help you achieve your musical goals.

*** Applicants must be a resident of Arkansas. The scholarship is awarded to Arkansas band camps only. Award is for full tuition up to \$385 and paid directly to the band camp.**

Return this application to:

Little Rock Wind Symphony, Band Camp Scholarship Committee, P.O. Box 205341, Little Rock, AR 72225.

Signatures

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Band Director: _____ Date: _____