

# 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 1 <sup>st</sup> Band _____	All-State Wind Ensemble _____
All-Region 2 <sup>nd</sup> Band _____	All-State Symphonic Band _____
All-Region Jazz Band _____	All-State Concert Band _____
1st Div. Solo/Ensemble _____	All-State Jazz Band _____
2nd Div. Solo/Ensemble _____	Four States Bands _____
	Honor Bands _____

**List other musical honors and awards.**

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**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 your future education and career goals and how band will help you. In conclusion, 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.