

Northland Pines Music Boosters
Summer Music Clinic Scholarship Application



Date: _____

Name – last _____ first _____ middle _____

Address: street _____ City _____ Zip _____

Age: _____ Grade next September: _____ Phone: _____

Major Instrument/Voice: _____ current chair position(band): _____

Other instruments you play: _____

District Solo/Ensemble Participation

Year: _____

Events: Solo: _____ Class _____ Rating: _____

| | | | |
|-----------|-------|-------|-------|
| Solo: | _____ | _____ | _____ |
| Ensemble: | _____ | _____ | _____ |
| Ensemble: | _____ | _____ | _____ |
| | _____ | _____ | _____ |

State Solo/Ensemble Participation

Year: _____

| | | | |
|---------|-------|---------|-------|
| Events: | _____ | Rating: | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

Which summer clinic will you attend? _____

Cost of Clinic: _____ **Length of Clinic:** _____

Which courses/workshops do you plan to take at the clinic? List all.

Have you received a Music Booster scholarship before? ____yes ____no

When: _____ Which fund raising activities did you participate in?

____ Fruit Sale ____ Seroogy's
____ Joe Corbi ____ other: _____

_____ is a member in good standing and will continue to be involved in the band/choir program next year.

Applicant signature

Parent or Guardian signature

I recommend this student to the Northland Pines Music Boosters Scholarship committee as a worthy applicant for a summer music clinic scholarship.

Band/Choir Director