

The ARROWHEAD ARTS ASSOCIATION
Arrowbear Music Camp Scholarship Application

*** PLEASE NOTE: Registration for Arrowbear Music Camp must be submitted directly to the Camp,
SEPARATELY from this application ***

Student's Name _____

Parent's Name _____

Mailing Address _____

Physical Address _____

Email Address _____

Telephone _____

Grade next year ___ School: CHE___ LAE ___ VOE ___ MPH__ RHS ___ OTHER_____

Instrument _____

Name of Arrowbear Session and Date _____

Attended Arrowbear Music Camp before? No ___ Yes _____

If 'Yes,' what date(s) and session(s) _____

Will you be getting a scholarship from Arrowbear Music Camp or another organization?

No ___ Yes ___ If yes, what organization? _____

Many students attend Arrowbear Music Camp by the generosity of private donors to Arrowhead Arts Association. After your student's session has ended, may we ask that he/she write a short "Thank You" note to the donor (many have asked to remain anonymous) telling the donor of their experiences at Camp?

***Optional - Music Teacher's Recommendation and Comments:

Music Teacher's Signature _____

You will be notified by telephone or email of the outcome of your application.

Please submit this completed Arrowhead Arts Scholarship application by April 30 to:

Carol Labarrere at: carol.labarrere@gmail.com