



Scholarship Application for the 2020 Lutheran Music Summer Camp

Applicant's Name: _____

Date of birth: _____ Grade entering, Fall 2020: _____

School: _____

Home Address: _____

Email: _____ Phone: _____

Parent's Name(s): _____

Parent email(s): _____

Parent phone(s): _____

Name/location of summer camp: _____

Instrument(s) studying: _____

Number of years studying: _____

Name of instructor(s): _____

Are you a member of St. John's Lutheran Church? _____

Why do you wish to attend a Lutheran summer music camp?

What do you hope to gain from your summer camp experience?

Do you have future career goals in music?

Signature of Applicant _____

Signature of Parent _____