FROST YOUNG MUSICIANS’ CAMP
FINANCIAL AID APPLICATION & INSTRUCTIONS

A limited number of partial scholarships are available for outstanding students based on TALENT and NEED. The DEADLINE for submitting Need-Based Scholarship Applications is MAY 20. Late applications will be put on a waiting list.

Complete the following steps:

1. Register for the camp.

2. Fill out the attached Financial Aid Application.

3. E-mail an audition demo of your best playing *(no longer than 5 minutes long)* AND your completed Financial Aid application to: youngmusicianscamp@gmail.com.

4. The camp will e-mail the Teacher Recommendation Form directly to your music teacher whose e-mail you provided on the online registration form.

5. You will receive an e-mail confirmation when we receive your complete application. You will be notified of your award on June 1 for Session A and by June 28 for Session B.
FINANCIAL AID APPLICATION

Applicant’s Name: _____________________________________________________________________

Mailing Address: _____________________________________________________________________
___________________________________________________________________________________

Telephone Number: __________________________ Email: __________________________

Primary Instrument: ___________________________________________________________________

Music Awards and Honors: _________________________________________________________________
_________________________________________________________________________________

(Please complete this information below for the parents(s) with whom you are living)

Mother’s Name: ______________________________________________________________________

Title / Occupation: ____________________________________________________________________

Employer (Name of Business): ___________________________________________________________

Do you □ Rent or □ Own your home How many years?

Father’s Name: ______________________________________________________________________

Title / Occupation: ____________________________________________________________________

Employer (Name of Business): ___________________________________________________________

Number of immediate family members under age 18:

Number of siblings in college:

Amount family can contribute toward camp:

Please describe the reason you are requesting a scholarship. However, do NOT include any financial information. (if you need more space, please use the back of this page)

___________________________________________________________________________________

I affirm that all of the information provided above is true and accurate to the best of my knowledge.

___________________________________________________________________________________