**STEPHEN COLLINS FOSTER INSTRUMENTAL CAMP**
**SCHOLARSHIP APPLICATION**

Name_____ Age_____ Grade_____ Current Date_____

Address _____
street city state zip

Phone_____ Instrument _____

E-mail address_____

School _____

Director Name and Address
_____

Years of Participation in Band _____ Orchestra _____ Years of Private Study _____

Private Teacher Name and Address
_____

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Special Honors in Performance: Indicate highest position held in special groups such as All-State, All-City, Youth Orchestra, or bands. List year(s) of membership for each.

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DO NOT WRITE IN THIS SPACE - FOR USE BY FOSTER CAMP STAFF

Audition Date _____ Audition Heard By_____

Recommended for Scholarship Assistance? _____Amount Recommended_____

Final Action _____ Camp Director _____

All applications should be mailed to:

Stephen Collins Foster Music Camps
Department of Music
Eastern Kentucky University
521 Lancaster Ave.
Richmond, KY 40475-3102
(859) 622-3161