

Attention Music Students & Teachers

STMTA announces our annual
Summer Music Scholarship Awards for students in need.

Scholarships for summer music study are available to music students in grades 4-12 who live in Broome County. (Surrounding counties will also be considered.)

Awards of \$50 to \$200 will be given to students with financial need. Students may request financial assistance either for summer music lessons *or* for a music camp.

Both the "Student Application" and the "Teacher Recommendation" forms must be completed and returned by:
Summer Music Camp deadline – June 10, 2025.
Summer Music Lessons deadline – June 10, 2025.

For further information or application forms please contact:
Ken Martinak
PO Box 5661
Endicott, NY 13760
(607)239-7443; kenssheetmusic@aol.com

Summer Music Scholarships for students in need - 2025

GENERAL INFORMATION

STMTA offers student music scholarships in the amount of \$50 to \$200, to be used for summer music camp or summer music lessons. Summer camp awards are made directly to the camp of the student's choosing. Lesson payments are sent directly to the chosen private lesson teacher. All scholarships are awarded based on student financial need.

QUALIFICATIONS, FORMS AND DEADLINES

1. The scholarship is open to music students in grades 4-12.
2. The applicant must reside in Broome County *or* study regularly with an STMTA member, and must complete the "Student Application Form".
3. The applicant's recommending music teacher must complete the "Teacher Recommendation Form".
4. **Summer music camp application:** All materials must be received by the Scholarship Chairperson no later than June 10, 2025.
5. **Summer music lesson application:** All materials must be received by the Scholarship Chairperson no later than June 10, 2025.

SCHOLARSHIP CRITERIA

1. Financial need
2. Potential benefit to the student
3. Musical talent

The Scholarship Committee, made up of STMTA members, has sole responsibility for selecting students and determining the amount of the awards.

AWARDS

Awarded funds will be paid directly to the music camp or to the music teacher, in the student's name. Please note that if for any reason the student does not attend a music camp as planned, the scholarship must be refunded to STMTA.

NOTIFICATION DATES

Summer music camp scholarship recipients will be notified soon after June 10, 2025.
Summer lesson scholarship recipients will be notified soon after June 10, 2025.

Please direct all communications to the STMTA Scholarship Chair:
Ken Martinak,
PO Box 5661, Endicott, NY. 13760
(607) 239-7443; kenssheetmusic@aol.com

Summer Music Scholarships for students in need – 2025
STUDENT APPLICATION FORM FOR
SUMMER MUSIC CAMP

To be filled out by the student and signed by parent/guardian.

Application is due June 10, 2025.

Please print clearly

NAME _____

ADDRESS _____

TELEPHONE _____

AGE _____ Current Grade _____ School District _____

Name of Parent/Guardian _____

Telephone _____

e-mail _____

Recommending Teacher _____

Music Camp you plan to attend _____

Camp Director _____

Camp Mailing Address _____

Camp Telephone _____ E-mail _____

Student name _____

List school and community musical activities in which you have participated. (Use the other side as needed.)

Describe what you expect to accomplish at summer music camp and how this experience will benefit you. (Use the other side as needed)

Scholarships are awarded primarily on a need basis. Parents/guardians, please make a statement indicating your financial need (all information will remain confidential).

Signature of Student_____

Signature of Parent or
Guardian_____

Date_____

Please attach a complete camp brochure (or a photocopy) to this application. Be sure to include the financial page. Mail to Ken Martinak, PO Box 5661, Endicott, NY 13760 ; kenssheetmusic@aol.com ,(607) 239-7443.

Summer Music Scholarships for students in need - 2025
TEACHER RECOMMENDATION FORM

Deadline for applications: Music camp application deadline: June 10, 2025
Music lessons application deadline: June 10, 2025. Please assist this student in preparing his/her scholarship application.

NAME OF STUDENT _____

Current Grade _____ School District _____

YOUR NAME _____

Address _____

Telephone _____ e-mail _____

_____ Please indicate the following that apply:

I teach this student

1. name of instrument or voice _____

2. in a school program (*name school*) _____

3. in a private studio _____

Name of summer music camp or private teacher that you are recommending: _____

On the back of this form or on a separate sheet:

1. This is a need based scholarship. Please give your assessment of the financial need of this student.

2. Describe how you feel this student will benefit from participating in this summer study program.

3. Tell us anything else that you think might be helpful in evaluating this student.

Evaluate the applicant in the following areas:

Potential to benefit

Outstanding Excellent Fair

Musical talent

Outstanding Excellent Fair

Ability to achieve

Outstanding Excellent Fair

Maturity

Outstanding Excellent Fair

Dependability

Outstanding Excellent Fair

Signature _____

Date _____

Mail to: Ken Martinak, PO Box 5661, Endicott, NY. 13760; kenssheetmusic@aol.com, (607) 239-7443

Summer Music Scholarships for students in need - 2025
STUDENT APPLICATION FORM FOR
SUMMER MUSIC LESSONS

To be filled out by the student and signed by parent/guardian.
Application is due June 10, 2025.

Please print clearly

NAME _____

ADDRESS _____

TELEPHONE _____

AGE _____ Current Grade _____ School District _____

Name of Parent/Guardian _____

Telephone _____ e-mail _____

Recommending Teacher _____

Name of teacher with whom you will study

_____ Teacher's Mailing Address

_____ Teacher's Telephone

_____ E-mail _____

List school and community musical activities in which you have participated. (Use the other side as needed.)

Describe what you expect to accomplish with private lessons this summer and how this experience will benefit you. (Use the other side as needed.)

Student name _____

Scholarships are awarded primarily on a need basis. Parents/guardians, please make a statement indicating your financial need (all information will remain confidential)

Signature of Student _____

Signature of Parent or Guardian

Date _____

Mail completed application to: Ken Martinak, PO Box 5661, Endicott, NY. 13760,
kenssheetmusic@aol.com, (607) 239-7443.