

Angela Dallaire Bruce Memorial Scholarship

Application

515 S. Main St Eaton Rapids, Mi 48827 adbscholarship@gmail.com ♦ adbscholarship.org

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| --- |
| Applicant Information |
| Name:  |
| Date of birth: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |

|  |
| --- |
| Parent or Guardian Information |
| Name |
| Address if different: |
| Phone: | E-mail: |

|  |
| --- |
| School Information |
| Name: |
| Address: |
| City: | State: | ZIP Code: | Phone: |
| Last Grade Completed: |

Please check which music camp you would like to attend Vocal Music Instrumental Music

If you are interested in Instrumental Music (Band) Camp:

1. Do you own your own instrument? Yes No
2. Which instrument do you play? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How many years have you played your instrument? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you have transportation to the camp? Yes No

Please answer one of the following essay questions. Your response must be 200 to 300 written words or 3 to 5 minutes in video. You may answer on paper and submit it with your application, or you may record a video and email it to adbscholarship@gmail.com:

1. What does music mean to you?

2. Why would you like to go to music camp?

3. What are your goals and plans for your future?

A letter of recommendation from a music teacher is strongly recommended but not required.

Student / Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For the principal or school counselor only***

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Do you certify that the student applicant meets any of the following criteria (please check all that apply)

 Student qualifies for the free and reduced lunch program

 Student has an IEP/504 plan

 Student is in the ESL program

 Other reason the student is considered “at risk”

If you selected other, please briefly describe why below:

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_