



Angela Dallaire Bruce Memorial Scholarship Application

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

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

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:

Name: _____ Position: _____

Signature: _____ Date: _____