



# Angela Dallaire Bruce Memorial Scholarship Application

515 S. Main St Eaton Rapids, Mi 48827  
[adbscholarship@gmail.com](mailto: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? \_\_\_\_\_

Please answer the following essay questions. You may answer on paper and submit it with your application, or you may record a video and email it to [adbscholarship@gmail.com](mailto: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?

We will need a letter of recommendation from a teacher, principle, or counselor certifying that the student meets any of the following criteria:

- Student qualifies for the free and reduced lunch program
- Student has an IEP
- Student is in the ESL program
- Other reason the student is considered “at risk”

The letter may be emailed to [adbscholarship@gmail.com](mailto:adbscholarship@gmail.com) and must come from their school email account. If you wish us to contact the school on the students behalf please provide their email below.

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

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

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

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