



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 Dance Theater

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 one of 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:

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, and 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 may be deserving of this award

The letter may be emailed to 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.

Student / Applicant Signature: _____

Date: _____

Parent or Guardian Signature: _____

Date: _____

To find more information about different arts camps that the student can attend, visit our website at adbscholarship.org/arts-camps