

# STRAWBERRY JAM CAMP YOUTH SCHOLARSHIP APPLICATION

Name:	
Age:	
Address:	
City:	
State & Zip Code:	
Telephone:	
Email:	

What instrument(s) do you play and how long have you been playing this instrument?

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What are your personal goals for your chosen instrument(s)?

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Why do you think you would be a good Strawberry Jam Camp Scholarship recipient?

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Please list two references, name, phone number & email address.

Name:	
Phone Number:	
Email Address:	

Name:	
Phone Number:	
Email Address:	

