STEPHEN COLLINS FOSTER INSTRUMENTAL CAMP SCHOLARSHIP APPLICATION

Name	Age	Grade	Current Date	
Address				
street		city	state	zip
Phone		_ Instrumen	t	
E-mail address				
School				
Director Name and Address				
Years of Participation in B Study	Sand	_ Orchestra	Years	of Private
Private Teacher Name and A	ddress			
Special Honors in Performs groups such as All-State, of membership for each.				
***********	****	********	*******	
DO NOT WRITE IN THIS SPACE	- FOR USE BY	FOSTER CAM	P STAFF	
Audition Date	Audition	Heard By		
Recommended for Scholarship Ass	sistance?	Amount	Recommended	
Final Action		Camp Director		
All applications should be mailed	to:	Dep	phen Collins Foster M partment of Music stern Kentucky Unive	•

Stephen Collins Foster Music Camps Department of Music Eastern Kentucky University 521 Lancaster Ave. Richmond, KY 40475-3102 (859) 622-3161