



Women's Association of the Northwest Indiana Symphony Society

EDITH ROOT YOUTH SCHOLARSHIP

APPLICATION ~ 2012

Incomplete Applications will not be considered. Please print legibly!

Please return this application to the Youth Orchestra Manager no later than Sunday, April 15, 2012.

Personal Information: Name _____ Age _____ Grade _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Parent Name(s) _____

Youth Orchestra History: Month/Year Joined _____
Instrument _____ Chair _____

School Information: School _____
Address _____
Grade Point Average _____
School Activities _____
Offices Held _____

Applying for the Following Music Program: Name of Music Camp/Workshop _____
Address _____
City _____ State _____ Zip _____
Date Attending: From _____ To _____
Cost: Tuition \$ _____ Travel \$ _____
Other Expenses \$ _____ Deposit/Fees Paid \$ _____

Reason for Attending: On the BACK* of this application, please write two or three paragraphs explaining why you chose this program and the goals you wish to achieve upon completion of the program. *Or attach your typed essay to this application.

Reference: Please attach ONE LETTER OF REFERENCE from one of the following: private music teacher, school music teacher, or guidance counselor.

If I am awarded this scholarship, I plan to attend this program according to the dates and costs stated above. I understand the money will be paid directly to the organization.

Signatures: Student Signature _____ Parent Signature _____