



Women's Association of the Northwest Indiana Symphony Society

EDITH ROOT YOUTH SCHOLARSHIP APPLICATION

Incomplete Applications will not be considered. Please print legibly!

Please return this application to the Youth Orchestra Manager no later than the first Sunday in April

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 _____
 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