 **Episcopal Diocese of Texas**

**Church Music Commission**

**Post Office Box 937 Brenham, TX 77834 979.836.7248 ext.13**

Dr. Linda Patterson, Chair The Rt. Rev. C. Andrew Doyle,

E-mail: linda@stpetersbrenham.org Bishop of Texas

# MUSIC CAMP Scholarship Application 2018 (Dates: June 24-June 30)

Note: It is the policy of the Music Commission and our partners in ministry, The Gilbert & Thyra Plass Foundation and the Commission on Black Ministry, to provide 1/3 scholarships (when available and approved), with the expectation that the attendee’s family and attendee’s home church will provide the remaining balance. Exceptions to the policy are considered on a case-by-case basis by a Scholarship Committee. In all cases, parents will be asked to contribute. Tuition for this year’s session is $ 450. Letters in support of the application may be forwarded to the above address.

Student’s Name: Age: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Daytime Phone: Cell Phone: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Priest/Pastor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Phone:

Previous Music training/experience (choral and band):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe why you are requesting scholarship assistance:

\_\_\_\_\_ \_\_\_\_\_\_\_

Other agencies, organizations, Churches, etc. from which assistance has been requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested (1/3 is $ 150):

I hereby certify that the above information is true and accurate to the best of my knowledge, and that this application is made in good faith with no intent to misrepresent the applicant’s circumstances.

Parent or Guardian Signature and Date Home Church Clergy Signature and Date