

The Ohio Federation of Music Clubs

20-- APPLICATION FOR SUMMER CAMP SCHOLARSHIP

DATE _____

School / Workshop / Clinic _____

Applicant's Name _____ Ph: _____
(Last) (First) (Middle)

Date of Birth _____ I am a US Citizen _____ (please check)

Address _____ E-mail _____
(No. and Street) (City) (State) (Zip Code)

Name of junior club or teacher's club _____ or Are you a Jr. special member? (\$13 paid to OFMC) _____ (yes) When did you become a Jr. special member? _____ Which OFMC Festival do you attend? _____ Classification _____

Parent/Guardian _____ His/Her Occupation _____

School you attend _____ Grade _____

MAJOR Instrument or Voice _____ Years Studied _____

MINOR Instrument or Voice _____ Years Studied _____

Position held in school instrumental or vocal group _____

Ensemble experience _____

Other musical experiences or participation (Use reverse side if necessary)

List four (4) different solos you have mastered on your instrument or have sung:

List OFMC festival ratings for the last four years:

This year _____ (20--) _____
(20--) _____ (20--) _____

Have you received an OFMC scholarship before? _____ If so, when? _____

For which college? _____ Which Summer Camp? _____

Signature of Applicant

Signature of Parent/guardian

SEND TO SUMMER CAMP SCHOLARSHIP CHAIRMAN By May 1

Karen Hunt, 245 Idlewood Rd., Youngstown, OH 44515

Phone: 330-792-3966 Email: kihunt48@gmail.com

Use other side for any additional information you care to submit.