

SCHOLARSHIP APPLICATION

Name _____

(Circle the program for which you are requesting a scholarship)

Suzuki Institute Fiddle Camp Prelude Chamber and Suzuki
Kontras Quartet Chamber Camp Teacher Development Workshop

Please describe briefly why you are requesting scholarship assistance:

Please describe what you hope to gain from attending the institute:

Will you be commuting or staying on campus? _____

Annual household income \$ _____

Please be aware that we do not give full scholarships. Most of our scholarships are in the amount of \$50 – \$200. We hope this will help out and make it possible for you to attend.

If you receive a scholarship, you will be expected to help out with some mini tasks to help the institute run smoothly. These range from helping serve refreshments during the fiddle weekend to typing programs and making copies during the week. There will be a list of those opportunities from which you may choose how you may best help. We appreciate your willingness to help out and will notify you of your scholarship grant by May 15th via e-mail.

Applicant Signature _____

Parent Signature if applicant is under 18 years of age _____