

**The Chelmsford Friends of Music**  
**Summer Music Camp Scholarship**  
**Application Form**

Applicant Information:

Please fill in the information below:

Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Instrument: \_\_\_\_\_

Chelmsford Public School System Music Program(s):

Current: \_\_\_\_\_ (this year)

Planned: \_\_\_\_\_ (next year)

Parent/Guardian Information:

Please fill in the information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ (street)

\_\_\_\_\_ (city)

\_\_\_\_\_ (state, zip)

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (home)

Email: \_\_\_\_\_

Music Camp Information:

Please fill in the music camp's name, address, and phone below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ (street)

\_\_\_\_\_ (city)

\_\_\_\_\_ (state, zip)

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (admissions)

Camp Tuition: \$ \_\_\_\_\_

Camp Duration: \_\_\_\_\_ weeks

Has the applicant been accepted (check one):      yes \_\_\_ no \_\_\_

Statement of Confidentiality:

The specifics of this application will be kept confidential within the CFOM Scholarship Committee. The CFOM Scholarship Committee may contact the summer music camp to gain further general information regarding the student's acceptance and camp curriculum. If the student is awarded a scholarship, information may be taken from this application for purposes of award presentation.

Attachments Checklist:

\_\_\_ student's personal letter to The Chelmsford Friends of Music

\_\_\_ copy of letter of recommendation from music instructor

**Application Deadline:**

**Friday, May 13, 2007**

**Terri Leavitt**

**11 Nevada Drive**

**Chelmsford, MA 01824**

**978-256-8933**

Signature & date of applicant: \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

Signature & date of Parent/Guardian: \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_ (date)

please do not write below this line

(NOTE: this area is for CFOM use only)

Application:      Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete: \_\_\_(y/n)

Verification:      Name of Camp Contact: \_\_\_\_\_

Name of CFOM Committee Member: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

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

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

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

Disbursement:      Status (approved, denied): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Award Amount: \$ \_\_\_\_\_