

PMTA SUMMER MUSIC CAMP SCHOLARSHIP

PURPOSE: To provide students with funds for summer music camp. The amount of the scholarship will be determined by the scholarship committee based on the age and musical experience of the applicant and the availability of funds.

ELIGIBILITY:

- Teacher must be a PMTA member.
- Teacher must be the instructor of the major instrument the applicant will study at camp.
- Student must be currently taking lessons from a PMTA teacher.
- Student must have participated in at least one PMTA sponsored event in the prior year.
- Student may be asked to perform for PMTA sometime during the next calendar year.

DEADLINE: May 1st

The teacher and student will be contacted with the scholarship committee's decision as soon as possible. Award checks and letters will be mailed directly to the student and copied to the teacher.

STUDENT RESPONSIBILITIES:

Give your teacher the following attachments:

- A description of your musical involvements. Include private music study and all school, church or community activities.
- A short essay on "What I hope to learn at summer music camp and how it might improve my music education."
- A copy of your completed summer camp application and camp information sheet. (Not the original.)

TEACHER RESPONSIBILITIES:

Complete the following attachments:

- A list of your personal involvement in PMTA - include up to 3 years
- A letter of recommendation stating why your student should be considered for this scholarship

Send application form and attachments to: Liz Owens, PMTA Scholarship Chair
16020 N. 52nd Place Scottsdale, AZ 85254
OR scan and e-mail to: lizgowens@gmail.com

PMTA Summer Music Camp Scholarship Application Form

Date: _____

Student Name _____ Phone () _____

Address _____ E-mail: _____

Grade at deadline _____ Age _____ Sex F _____ M _____ Number of years in music study _____

Major instrument to be studied at the summer music camp _____ Years studied _____

Have you attended a summer music camp in the past? Yes _____ No _____

If so, where _____ What year(s) _____

Teacher Name _____ Phone () _____

Address _____ E-mail: _____

Student Signature _____

Parent/Guardian Signature _____

Teacher Signature _____

Scholarship Chair: Date sent _____ Date processed _____