

The Ohio Federation of Music Clubs

APPLICATION FOR SUMMER MUSIC CAMP SCHOLARSHIP – DUE MAY 15 DATE _____

Location of Summer Camp _____ Name of Camp _____

Applicant's Name _____ Date of Birth _____
(Last) (First) (Middle)

Phone _____ E-mail _____

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

Name of junior club or teacher's studio _____

OR ____ I am an Individual member? (\$13 paid to OFMC)

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 this year and the 3 **successive** previous 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 MUSIC CAMP SCHOLARSHIP CHAIR By May 15

Karen Hunt, 245 Idlewood Road, Youngstown, OH 44515-2831
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