Ohio Federation of Music Clubs

Application for Music Camp Scholarship

Due May 15

Date _____

Location of Summer Camp_____ Name of Camp_____

Applicant's Name _____ Date of Birth _____

(Last) (First) (Middle)

Phone _____Email _____

Street Address _____

Name of junior club or teacher's studio _____

OR ____ 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)

Ensemble experience _____

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

_____ _____

_____ _____

List the past four successive OFMC festival ratings *at elementary level or higher*.

This year: _____ Festival 20____:_____

Festival 20____:_____ Festival 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**

Nathan DeMar nhdemar@gmail.com