Pa	Document should b a scholarship a reg	County Bar hip Applic e typed! see below. Upor ular application must be ad returned to us.	ation n receiving	Select camp you wish to attend Jazz Camp Band Camp Leadership Camp
Last Name:	First:			
Address:	City:		State: Zip:	
Home Phone:	Work Phone:		Cell Phone:	
Parent Last Name:	Parent First Name:			
E-mail:	School:			
Age: Grade:	Band Instrument:	Jazz I Shirt Size	nstrument:	
	Small Medium	Large X-Large	XX-Large	
Students should w	rite 2-4 sentences for EAC	Adult Sizes Only		

1. Why would you like to attend band-percussion/jazz/leadership camp? Make sure to include at least one sentence about each camp if you'd like to attend more than one.

2. Why do you think you deserve a scholarship? It can include such things as your love of music and/or participation in musical ensembles, financial need, musical ability or other.

3. How do you think your attendance at camp(s) would be a positive influence on your own school music program?

Applications must be received on or before April 1 Regular mail postmarked by April 1. You may scan the document and e-mail to campinfo@pbbandcamp.org (subject scholarship) or fax 561.586.0336. Incomplete and illegible applications will not be considered. Scholarship award notifications will be made around May 1.