

## OSU Summer Chamber Music Workshop Scholarship Application Form

Please fill out this form completely and submit it with your application, teacher recommendation form, and audition recording.

### STUDENT INFORMATION

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

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

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

How long have you played? \_\_\_\_\_

Session you are applying for: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Student Qualifies for Free Lunch Program: Y/N

### PARENT/GUARDIAN INFORMATION

Name of Parent/ Guardian #1: \_\_\_\_\_

Address: \_\_\_\_\_

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

Number of Dependents: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

Name of Parent/ Guardian #2: \_\_\_\_\_

Address: \_\_\_\_\_

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

Number of Dependents: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

Full Tuition is \$550. Approximate Tuition your family can pay: \_\_\_\_\_

Describe any extenuating circumstances affecting financial need: