

CBMC Summer Camp Scholarship Application **DEADLINE**:

Application and YouTube video link must be RECEIVED by April 1, 2025, 5 pm Upload video to YouTube & email link to: choctawbaymusic@gmail.com **

Applicant's Name:		Date of Birth	:	Age:
Street Address:		City:		Zip:
E-mail:	Home Phone: ()	Cell: ()
Middle/High School attended:				
Instrument:	Current Grade in	n School:		
Teacher:	Total # years of le	ssons:# yea	rs with prese	ent teacher:
Teacher email:	Work Phone ()		Cell:	
Teacher's Signature:				
acknowledging that applicant has be	en their student for at least	6 months:		
Parent's or Guardian's Name:		email:		
Home Phone:	Cell:			
Record performance with LIVE acc 1.	•			
2.				
List music activities, performances,	awards received through m	usic organizations	(ie: Festival	l, Guild, Contests)



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List music activities and awards received at your school:				
List music activities and awards received in the community or your church:				
List your plans for the future:				
What Music Camp do you plan to attend:				
What is the Cost of the Camp Registration:				
what is the cost of the camp registration.				

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 Please Email this application and your YouTube Video link to: <u>choctawbaymusic@gmail.com</u> and in your email's subject line, type: Summer Camp Scholarship App from <u>"Teacher last name: Student last name"</u>