

Contact: (920) 868-3763 • registrar@birchcreek.org

Summer 2022 Scholarship Application

Please type or print clearly

Today's date:		*indicates required field		
*Session applying for:		□Percussion & Steel Band (June 19 – July 2)	☐ Jazz 1 (July 17 - 30)	
		□Symphony (July 3 - July 16)	☐ Jazz 2 (July 31 - August 13)	
Note: If	you are attend	ing more than one session, a separate Scholarsh		each session for
-	ou desire a sch	_		·
*Amou	nt of scholarsh	ip you are requesting \$ (Pleas	se fill in a <u>specific </u> dollar amount)	
*First n	ame	*Last na	me	
		*City		
*Home	phone ()*Email*		
Instrum	ents: *Primary	Seconda	ary	
1.	*How many ye	ears have you been playing your instrument(s)? _		
2.				
3.	*Give a brief description of your educational and career objectives: (Attach additional paper, if necessary)			
	*****************			1
4. *List musical organizations in which you are currently active: (Attach additional paper, if new)
5.	*List any notable music or academic achievements or awards: (Attach additional paper, if necessary)			
6.	*Do you earn i	ncome outside the home?	□ No	
7.	If yes, estimated amount earned this past summer and school year: \$			
8.	Have you or wi	ill you receive any scholarships or grants to atter	nd Birch Creek from another source?	P □ Yes □ No
9.	If yes, please li	st the source	and amount \$	
10.	Are you a curre	ent or past Wisconsin State Honors musician?	☐ Yes ☐ No	
11.	Briefly explain any special circumstances (personal, financial, or educational) that affect your need for a partial			
	scholarship: (A	ttach additional paper, if necessary)		
12.	Briefly explain why you want this scholarship: (Attach additional paper, if necessary)			
	*Audition subr	- · ·	• • • • • • • • • • • • • • • • • • • •	* *
14.		e the following info from your parent/guardian - (If parents are divorced we no		
	custody, we ne	eed the combined income for both parents.) and	# of dependents in household	<u>.</u>
		wledge, the information provided in this applications of the contractions of the contraction of the contract		
		mpleting form		
Signatu	re of person(s)	providing Income Tax Information	Date	

Please submit online or mail completed application, along with supporting materials, to: Birch Creek Registrar • PO Box 230 • Egg Harbor, WI 54209-230 registrar@birchcreek.org