

Savvy Summer Singers Choral Camp Scholarship Opportunity

The Music Center and Community Music School are pleased to offer four scholarships to the Savvy Summer Singers Choral Camp 2017. The scholarships will pay the \$300 program cost and \$10 registration fee in full for the four awardees. Two of the scholarships will be merit-based and two will be need-based.

To Apply:

1. Complete the application form in full.
2. *Need-based application:* If you have a family household income of less than \$60,000, please attach a copy of the first page of your most recent federal income tax return.

Merit-based application: If your family income is greater than \$60,000, do not attach any financial records.

3. Submit an essay telling us why you love to sing. The length of the essay should be commensurate with the age and ability of the applicant. It can be typed or hand written, and no longer than one page long.

Submission:

- Submit your completed application one of three ways:
 - By email to officemanager@YourMusicCenter.org or
 - Drop off at the Community Music School during regular office hours at 450 North Ave, in the Davidson Building, on the campus of Kellogg Community College or
 - Mail to: Attn: Office Manager, The Music Center, P.O. Box 1613, Battle Creek, MI 49016.

For More Information:

- For more information, please call 269-963-1911 ext. 2586.

To Request an Application Form:

- To request an application form, please call 269-963-1911 ext. 2586 or visit the website at www.YourMusicCenter.org and click on the Savvy Summer Singers banner at the top.

All applications must be received no later than June 1, 2017 at 12:00 midnight.

*The scholarships are funded through the Community Music School, a program of The Music Center.

COMMUNITY MUSIC SCHOOL FINANCIAL AID APPLICATION

QUALIFIER: (CHECK ONE)

CMS (UNDER \$50,000 ANNUAL INCOME): _____

CHOIR (UNDER \$60,000 ANNUAL INCOME): _____

DATE: _____

NAME: _____

STUDENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (H) _____ (C) _____

NUMBER OF DEPENDANTS: _____

PAYMENT INFORMATION: (CHECK ONE)

TAX RETURN FORM 1040 _____ MONTH OF PAYSTUBS _____

PREPARER'S INITIALS: _____ DATE: _____

AMOUNT AWARDED: _____

BOOKKEEPER'S INITIALS: _____ DATE: _____

ADJUSTMENT APPLIED AND APPROVED BY: _____

DATE APPLIED AND APPROVED: _____

RESPONSE WITHIN TWO BUSINESS DAYS
