Thank you for your interest in Band of Angels Scholarship Program. This program is designed to help students in financial need attend music camps. Band of Angels works with school administrators, and music directors to help identify students in need of scholarships.

The attached form helps provide information needed to establish financial need. We will contact your school music director and administrators to verify that the information provided below is accurate. While these questions help us determine need, we reserve the right to approve or decline any application based on other circumstances.

Please accompany your application with a short background description and story (100 words or more) why you would like to attend music camp. Fox 4 may use these stories to update viewers on who is receiving scholarships from the program. These updates will hopefully spur others to continue to donate instruments & funds thus helping more students. By accepting a scholarship from Band of Angels, you are granting permission to use your story if needed in a newscast on Fox 4 TV.

The following guidelines apply to this program:

- Students must be proficient at their grade level to attend camp. We will contact your school music teacher to verify that you meet the expected proficiency of the camp.
- Students are subject to a code of conduct policy and are expected to behave appropriately at any camps.
- Students must be able to provide their own transportation to and from the music camp.
- Due to the limited number of scholarships, there is no guarantee that applicants will be awarded scholarships.

You may send us the form by any of the following methods:

- Email: angels@meyermusic.com
- Mail To: Attn: Band of Angels, 11890 West 135th St. Overland Park KS 66221
- Fax: 913-491-6691

Please feel free to contact us with further questions via our website at bandofangelskc.org/contact.

Thanks,

Board of Directors - Band of Angels
A 501c3 Not For Profit Organization
## Music Camp Scholarship Application

### Student Information

Students Full Name:  
*Last*: ___________________  
*First*: ___________________  
*Middle*: ___________________

Grade Level in School: ______  
Student's Age: ______  
School: _______________________

Birthday: ______  
Student's Email: ________________________  
School Level: _______________________

Student’s Instrument: _______________________

### Parent Information

Parent/Guardian Name: ________________________  
Relation to Student: _______________________

Parent/Guardian Name: ________________________  
Relation to Student: _______________________

Home Phone: ________________________  
Alternative Phone: _______________________

Home Address: ________________________  
Apt#: ______  
City: ________________________  
State: ______  
Zip: ______

Email Address: ________________________  
Alt. Email: ________________________

### Band/Orchestra Director Information

Full Name:  
*Last*: ___________________  
*First*: ___________________  
*Middle*: ___________________

School: ________________________  
District: ________________________

School Address: ________________________  
City: ________________________  
State: ______  
Zip: ______

School Phone Number: ________________________  
Director's Email: ________________________

### Camp Information

<table>
<thead>
<tr>
<th>Camp Name:</th>
<th>□ Band Camp</th>
<th>□ Orchestra Camp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camp Address:</td>
<td></td>
<td></td>
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<tr>
<td>Camp Grade Level &amp; School Level:</td>
<td></td>
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<tr>
<td>Camp Dates:</td>
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<td></td>
</tr>
</tbody>
</table>

### Establishing Financial Need

Information about your child’s eligibility for free child nutrition program may be used to determine financial need. We must have your express permission to contact the proper administration to determine eligibility. Please check the box and sign below.

[ ] **YES, I DO** give permission for Band of Angels donation recipient committee to contact the proper entities to determine the status of my child’s eligibility for free child nutrition programs thus helping to establish financial need of the recipient.

**Parent/Legal Guardian Signature:** ________________________  **Date:** ________________________

Please provide additional information to establish a financial need for a Band of Angels scholarship:

- [ ] Food Stamps  
- [ ] Temporary Government Assistance Programs  
- [ ] Section 8 Housing  
- [ ] WIC

Additional Comments or Government Assistance:

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

By signing this application, I give Fox 4 TV permission to use my information during newscasts about the Band of Angels Program.

**Parent/Guardian Signature:** ________________________  **Date:** ________________________

**Band/Orchestra Director Signature:** ________________________  **Date:** ________________________

2 of 3
Music Camp Scholarship Application

Please provide us with a short background of your situation and why you would like to receive a Music Scholarship from Band of Angels (100 words or more please):

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