



Music Camp Scholarship Application

Band of Angels
11890 West 135th St. Overland Park, KS 66221
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Fax: 913-491-6691
bandofangelskc.org

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

The application form below 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 background description and story from the student and parent/guardian (100 words or more) of why you would like to attend music camp, and why you need financial help. 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:

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

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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: _____ Number of Years Playing: _____

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/Choir Director Information

Full Name: Last: _____ First: _____ Middle: _____
 School: _____ District: _____
 School Address: _____ City: _____ State: _____ Zip: _____
 School Phone Number: _____ Director's Email: _____

School Director Recommendation: _____

Camp Information	<input type="checkbox"/> Band Camp	<input type="checkbox"/> Orchestra Camp	<input type="checkbox"/> Choir
Camp Name:			
Camp Address:			
Camp Grade Level & School Level :			
Camp Dates:			

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: _____

