

**UAF SUMMER MUSIC ACADEMY
2018 SCHOLARSHIP APPLICATION**



Applicant Name _____ Date of Birth _____

Address _____ Phone _____
Street or PO Box Number

_____ Last Grade Completed _____
City State ZipCode

Parent Email _____

First Instrument _____ **Second Instrument** _____

Schools attended

Junior/Middle School _____

Band/Orchestra/Choir Teacher Name _____

High School _____

Band/Orchestra/Choir Teacher Name _____

How many years have you studied your instrument? _____

Do you study with a private teacher (outside school)? Yes No If "Yes," how long? _____

Private Teacher's Name _____

Materials that must be submitted in order for us to consider your application:

- The UAF Summer Music Academy enrollment form (online) and a \$75, non-refundable, deposit
- This completed Scholarship Application. We need **both** the enrollment form and the scholarship application.
- Include a **copy of both parents' 1040 forms** showing last year's taxable earnings
- Two letters of recommendation from schoolteachers, counselors, or your band/orchestra/choir teachers.
- On another sheet of paper, write a personal essay describing the following: Your goals, achievements (awards and honors), activities, and anything else you would like us to know about you.

DEADLINE FOR APPLICATION: All applications and supporting materials must be received by Friday, April 20, 2018 in order to be considered.

Postal Mail Address

UAF Summer Music Academy
Scholarship Committee
PO Box 755660
Fairbanks, AK 99775-5660
FAX: 907.474.6420

Street Address for UPS or Fed-Ex Delivery

UAF Summer Music Academy
Scholarship Committee
312 Tanana Loop, Ste. 201
Fairbanks, AK 99775-5660
Phone: 907.474.7555

Email: uafsummersmusicacademy@gmail.com

Financial Information (requested because this is a “**need based**” scholarship)

Parent or Guardian Employment Information (please print):

PARENT'S MARITAL STATUS (MARRIED, DIVORCED, ETC.) WHO SHOULD RECEIVE BILLING CUSTODIAL PARENT? MOTHER FATHER JOINT

MOTHER OR GUARDIAN (NOTE RELATIONSHIP) NAME OCCUPATION/TITLE

NAME AND ADDRESS OF EMPLOYER OFFICE TELEPHONE: AREA CODE AND NUMBER Taxable earnings as stated on attached “1040” IRS form

FATHER OR GUARDIAN (NOTE RELATIONSHIP) NAME OCCUPATION/TITLE

NAME AND ADDRESS OF EMPLOYER OFFICE TELEPHONE: AREA CODE AND NUMBER Taxable earnings as stated on attached “1040” IRS form

Does the student applying expect to be the recipient of any funds (scholarship, grant, award or prize from any country, state, organization or individual) specifically for attendance at the UAF Summer Music Academy? Yes No

IF YES, NAME THE TITLE OF AWARD AND AMOUNT WHAT IS THE DOLLAR AMOUNT APPLICANT AND HIS/HER FAMILY CAN PROVIDE TOWARD THE CAMP TUITION?

Please note unusual expenses or circumstances you would like taken into consideration (attach additional sheet if necessary)

Required Signature

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I authorize the release of my child’s application information to the Academy Scholarship Committee and other third parties for the purpose of scholarship consideration. I give permission for the University of Alaska Fairbanks or the UA Foundation to release information about my child and the name and amount of the scholarship if my child is awarded a scholarship based on this application.

Signature : _____ Date: _____
Parent or Legal Guardian of applicant