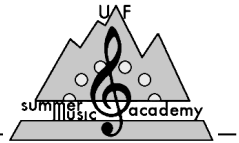


**UAF SUMMER MUSIC ACADEMY  
2019 SCHOLARSHIP APPLICATION**



Applicant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Street or PO Box Number

Phone \_\_\_\_\_

City \_\_\_\_\_

State

ZipCode \_\_\_\_\_

Last Grade Completed \_\_\_\_\_

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 19, 2019 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](mailto: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