

# Camp/Clinic Scholarship Application

The Kirkwood Band Booster (KB2 ) Scholarship was established to enable any Kirkwood School District Band student that has not graduated to attend music camps, clinic, or conferences. Checks will be made payable to the camp/clinic/instructor, so please consider this requirement when submitting your application. Alternate payment arrangements may be made if needed. Kirkwood School District band students (grades 5-11) may apply for a KB2 scholarship by completing the section below, including the signatures of the student, a parent, and the band director. Please include a copy of the application to the camp or clinic. The application must be filled out completely in order to be considered for a scholarship.

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\* Scholarship recipients will be notified via email.

Summer camp, clinic, or conference name  
\_\_\_\_\_

Camp tuition \_\_\_\_\_ Camp Dates \_\_\_\_\_

If you do not receive a scholarship will you attend this camp? \_\_\_ YES \_\_\_ NO

Some camps provide scholarships. Have you explored scholarship opportunities from the camp you plan to attend? \_\_\_ YES \_\_\_ NO

To be completed by student:

**On the back of this page, or on a separate piece of paper**, please describe the reasons why you want to attend this camp, clinic, or conference and what you hope to gain from it.

Student's Signature Parent's Signature \_\_\_\_\_

Date of Application \_\_\_\_\_ Director's Signature \_\_\_\_\_