

Cape Community Orchestra Scholarship for Summer Music Study

Scholarship Application Cover Sheet

Student Information

Name: _____ Grade: ____

Home Phone: _____

Home Address: _____

City/State/Zip: _____

Referring Teacher Information

Name: _____

School: _____

District: _____

School E-Mail: _____

Signature of Referring Music Teacher: _____ Date: _____

Signature of School Principal: _____ Date: _____

Musical experiences and/or ensembles, including All-Cape, All-State, festivals, master classes, conferences, camps, and all other relevant participation in music studies (please list and briefly describe)

_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____

Private Instructor (if applicable): _____

Parent/Guardian Signature and email address: _____