

ELMORE FIDDLE CAMP

JORDAN MARGRITZ FIDDLE CAMP SCHOLARSHIP APPLICATION FORM

Name: _____ Age: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

How long have you been playing the violin/fiddle? _____

Do you have a music teacher now? If so, who? _____

What other instructors have you studied with?
(Name all who apply) _____

What is your practice schedule for the week? _____

How much time do you spend practicing per day? _____

What level do you consider yourself? Beginner: _____ Intermediate: _____

Advanced: _____ Professional: _____

How many family members live in your household? _____

Do you have a job? _____

Do you have financial needs? Explain.

Are you receiving any financial assistance now?

What are your plans for a career?

