



Creston Valley Music Teachers' Association
SUMMER MUSIC CAMP SCHOLARSHIP APPLICATION FORM

Date of application: _____

Name: _____ Phone number: _____

Mailing Address: _____

Present Grade in school. _____

Music teacher: _____

Instrument: _____ Grade ____ Practical

Which summer camp are you planning to attend? _____

How many times have you attended a summer music camp? _____

Additional comments:

Print name of Parent/Guardian

Signature of Parent/Guardian

*Please send application to: Anita Stushnoff
213 – 26th Ave N Creston, BC V0B 1G1
Or submit to any CVMTA member
Closing date for applications: May 1*

*For use of CVMTA only:
Amount awarded:
Application approved: _____*