

**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): _____