

# Lamar Stringfield Music Camp Financial Aid Form revised 1/15/2024

## **SECTION A**

A limited number of scholarships will be awarded **based on need**. Outside of need, priority will be given to first time applicants. Each scholarship will be considered on an individual basis and must include...

- 1) This completed financial aid form
- 2) A brief teacher recommendation letter accompanying this form that validates your request
- 3) Submit #1 and #2 as pdf attachments (no jpegs) by emailing [Margaret@stringfieldmusiccamp.com](mailto:Margaret@stringfieldmusiccamp.com)
- 4) You will be emailed a response once your application is complete and has been processed.

Child Applicant Name: \_\_\_\_\_ Instrument played \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age by June \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name of Music Instructor \_\_\_\_\_ Instructor phone \_\_\_\_\_  
Instructor e mail address \_\_\_\_\_

Which program is your child interested in applying for? ☐ Regular camp ☐ Honors Division ☐ Not sure

## **Financial Information:**

**Scholarships** are intended to cover camp tuition costs. Meals and the Extended Day program are not covered by scholarships unless your child has extreme financial needs. In extreme cases, these programs can certainly be negotiated. If you feel you are in that category, please check the "extreme need" box.

To what degree are you requesting financial aid?

☐ Mild need of assistance ☐ Moderate need of assistance ☐ Extreme need of assistance

If you checked the box "Extreme need" omit SECTION B

## **SECTION B**

Lunch will not be provided unless you are applying for extreme need financial aid. If you are requesting mild or moderate aid, we ask that you provide a bag lunch from home. Can you provide a bag lunch? Y ☐ or N ☐

The Extended Day program for one session costs \$92.00 per child per week. Are you interested in the extended day program? Y \_\_\_ N \_\_\_ If yes, specify which session(s) \_\_\_\_\_

## **SECTION C**

1. Is your child currently getting free or subsidized lunch at school? \_\_\_ Y \_\_\_ N Qualifies for Medicaid? \_\_\_ Y \_\_\_ N
2. Is your family enrolled in the SNAP/FNS program? \_\_\_ Y \_\_\_ N
3. Do you have more than one child in need of assistance? \_\_\_ Y \_\_\_ N
4. How many children in your family are interested in attending? \_\_\_\_\_
5. Are you interested in the extended day program **but cannot afford it?** (\$92.00 per week, per child) \_\_\_ Y \_\_\_ N  
Please specify which session(s) \_\_\_\_\_.
6. How much do you feel you can afford to pay for your child's camp tuition? (This amount is not intended to cover T shirts or the Extended day program) \$ \_\_\_\_\_
7. Is that amount for one or two weeks? \_\_\_\_\_
8. Which date(s) are you interested in having your child attend LSMC ? \_\_\_\_\_
9. Have you received scholarship aid from LSMC before this year? \_\_\_ Y \_\_\_ N If yes, when? (Repeated scholarships awards are allotted in tiers) \_\_\_\_\_
10. Volunteer work is not mandatory for scholarship consideration; however, LSMC really appreciates any help offered. Do you or does anyone in your family have special suggestions or skills that you would like to make us aware of? If yes, please explain. \_\_\_\_\_.
11. Number of immediate family members under age 18 \_\_\_\_\_ Are there siblings in college? \_\_\_\_\_.
12. Are there other factors that we should consider in the distribution of financial aid? \_\_\_\_\_

13. Mother's Name _____	Father's Name _____
Title/ Occupation _____	Title/Occupation _____
Employer _____	Employer _____
Cell phone _____	Cell phone _____
Email _____	Email _____

I hereby affirm that all the information submitted for my LSMC Financial aid application is true & accurate to the best of my knowledge.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_ E Mail \_\_\_\_\_

Parent's Name (Please print or type) \_\_\_\_\_

Email questions to Margaret Garriss: [Margaret@stringfieldmusiccamp.com](mailto:Margaret@stringfieldmusiccamp.com)