

Lamar Stringfield Music Camp Financial Aid Form

Date received _____ Processed _____ Notified _____

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's (no jpegs) by email to Margaret@stringfieldmusiccamp.com
- 4) You will be emailed 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 \$120.00 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?** (\$120.00 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) _____