

**OHMI Scholarship Application
(Completed by Student)**

Full Name of Student:

(Please print)

Address:

Telephone:

E-mail Address:

Date:

Why do you feel that you should receive this scholarship?

What instrument do you play?

Do you take private lessons?

Have you participated in Solo & Ensemble?

Have you ever attended a music/orchestra camp?

If so, when/where?

School/Community Activities:

To be completed by parent:

What are the extenuating circumstances?

How many people in household?

Parent/Guardian Signature & Date:

Email Address

Phone Numbers: (Home, Cell, Work)

Student and/or Parent: Are you willing to give a pre-determined amount of volunteer hours, to support the OHMI organization?

Yes or No