



**Music in the Mountains
BVAC Summer Camp
Scholarship Application Form
Application due July 17, 2019**

Participant Name: _____

Age: _____ Grade in Fall 2019: _____

Parent/Guardian Name(s): _____

Address: _____

Phone number: _____

Email: _____

BVAC scholarships are needs based. All information is kept strictly confidential.

Participant lives with: _____ two parents _____ one parent _____ guardian/foster care _____ other

Total in Household: _____ Number of children: _____ Ages of children: _____

Please indicate whether your child received free or reduced price for school lunch:

Free lunch _____ Reduced lunch _____ No _____

Total amount you can contribute: _____ (Partial scholarships available)

Total amount requested per scholarship: _____ (one application per participant please)

I understand that each application is carefully considered. There is no guarantee of approval for assistance.

Parent/Guardian signature: _____

Date: _____

Please mail this form, along with a completed Summer Camp registration form, to:

BVAC
P.O. Box 722
Buena Vista, VA 24416

Candidates will be notified by email by July 19th.

Questions? Contact: bv.artscouncil@gmail.com or 540-572-0196