

**TECLA WILLIAMS MUSIC CAMP SCHOLARSHIP APPLICATION**

*Application to be submitted to NSMTA President by May 1<sup>st</sup>*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

TEACHER RECOMMENDATION ATTACHED?  YES  NO    LETTER OF INTENT ATTACHED?  YES  NO

TEACHER(S) STUDIED WITH: \_\_\_\_\_ YEARS STUDIED: \_\_\_\_\_

CAMP ATTENDING: \_\_\_\_\_

MUSIC ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

AUDITION SELECTIONS if applicable:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_