

LMFY SCHOLARSHIP APPLICATION (Deadline: May 31, 2017)

Participants (s) Name & Age _____ Instrument _____

Parent Name _____

Address _____

Email _____

Home Phone _____

Mobile Phone _____

Family members in college or on missions : Scholarships Available (check all for which you wish to be considered). See below for descriptions and more information:

- Financial Need Based
- Talent Award
- Family Discount (3 or more participants in LMFY from one family)

Your Household's Total Income (check one):

- \$0 - \$24,999 \$25,000 - \$49, 900 \$50,000 - \$69,900 \$70,000 +

Number of members in household: _____

Family members in college or on missions: _____

Using the reverse side or separate sheet of paper, please describe why you are applying for this scholarship. All applicants will be reviewed following a successful audition.

FINANCIAL NEED BASED applicants, please include why this musical experience would be especially beneficial to the applicant and any circumstances indicating the level of financial need.

TALENT AWARDS will be determined primarily based on audition. Applicants may want to include information such as number of years on instrument, number of years with a private instructor, other awards or music festivals/camps attended.

FAMILY DISCOUNT scholarships are reserved for families with 3 or more accepted participants. Please include why this musical experience will be especially beneficial to your family.

I, the undersigned, attest that the information above is true and accurate to the best of my knowledge. I understand that submitting this application in no way guarantees financial assistance from Lyceum Music Festival Youth.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____

Scan and email to lyceummusicfestivalyouth@gmail.com
or mail to : Stacey Page - LMFY
729 W. Jordan Oaks Drive, Sandy, UT 84070

