

## Juneau Student String Ensemble 2019-2020 Scholarship Application

| Name:   | Instrument:   |
|---|---|
| Parent Name:  | Phone number(s):  |
| Email address(s):   |   |
| Please check the concerts in which ☐ \$50 Fall Semester ☐ \$50 Spring Semester            | n you intend to participate:  |
| What portion can you afford to co   | ntribute? Please indicate any area in which you (or your parent) would be |
| How much assistance are you req   | 1   |
| Please use the space below to ind else you'd like us to know in deter scholarship amount. | , ,   |
| Please sign below. If you are unde  | er 18, please have a parent sign instead.                                 |
| Signed:   | Date:   |

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