



SUMMER WORKSHOP APPLICATION
FESTIVAL YEAR: _____

Applicant's name _____ Date of birth _____
Mailing address _____

Phone number (evenings) _____

Parent's name _____

Today's date _____

Stettler & District Music Festival Association
Scholarship Committee
Festival Office will be at:
Alliance Church- 6109 41 Ave Stettler AB **OR**
Christ King Parish Hall- 4916 – 54 St. Stettler, AB

Dear Committee Members:

Please accept this application for funding to attend a summer workshop program. I have participated in the Stettler & District Music Festival this year being 20 in the following classes:

Solo numbers _____

Group numbers _____

(Please note that funding preference is given to those who have participated in at least 2 solo entries in the discipline.)

My Instructor is _____ and his/her recommendation is attached.

It is my hope that you will provide assistance for me to attend the _____ workshop in _____

During the week(s) of _____. The cost of tuition for the program is \$_____ and does/does not include room and board. I understand that any scholarship the SDM Festival Association is able to provide will be paid directly to me after I submit a photocopy of my cancelled cheque proving I am fully registered and paid in my chosen summer program. This workshop is only available for those students in grade 12 or younger.

I want to attend the workshop because _____

PLEASE INCLUDE A PHOTOCOPY OF THE WORKSHOP REGISTRATION FORM

I realize that all workshop applications must be submitted to the Festival Office no later than 11:00 AM on the last day of the current year's festival (**not the Grand Concert Day**). Please refer to our website at www.stettlermusicfestival.com for the most up to date information.

Thank you for your consideration of this application.

Sincerely,

Applicant

Parent's signature

Enclosure: Teacher's recommendation letter, workshop Registration and workshop proof of payment.