BUCKS COUNTY PERFORMING ARTS INSTITUTE

SCHOLARSHIP APPLICATION

REV. 2/09

Student's Name Date of Birth Hm. Address CityStateZiP School District /Private School Student's Hm.Phone	Mother's Wk. Phone Father's Wk.Phone Pager/Cell Phone Guardian's Name (<i>if other than parent</i>)
Parent's Name(s) Parent's Address	Guardian's Address CityStateZipcode
CityStateZipcode	Guardian's Hm. Phone
to support the advancement of the performing arts awarded on the basis of talent alone, regardless of However some donors have designated that scho	
How did you hear about this scholarship? Are any other family members enrolled in this progr If yes, who?	ram?
Student's Mu	usic Education
I wish to study (voice, drama or name of instrument)	
I have already studied foryears atthe	
(name of public school or performing arts school) with	
Teacher's Phone Number	Do you still study with this teacher?
(If no, list current teacher and affiliated school.) Teacher	er
School	Phone Number
Do you wish t continue with your current private instru	ment or voice teacher?
If no, will you be willing to study with a techer that BC	CPA may reccomend?
I do or do not (circle one) read music. I do or do not k	know how to sight-sing (circle one).
I am or am not (circle one) willing to participate in m	nusic theory classes and/or performing ensembles
designated by the BCPAI to enhance my development.	
List other instruments you play.	·
List music or drama performing groups in which you pe	erform.
List any solos you've performed or roles you have play scholarships you have received.	red. (Include where and when.)List any awards or other

List the name of your audition piece and the composer.__



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Briefly tell us why you want a music scholarship and what you hope to do with your music education.

Check all that apply:I a	am applying for a Merit Scholarshi	p	
(A Partial Scholarship based on on	level of talent.)	
	am applying for an Enrichment Gra		
	Full or partial scholarship based of		
	rant please have parents or Guar	U ,	llowing:
			g.
Enrich	ment Grant ApplicationSupplem	nental Information	
		Annual Salary	
	Supervisor		
		Annual Salary	
		Phone Number:	
iabilities: (Monthly payments	for mortgages, loans, etc.)	Assets:	
ebt Amount		Account	Amount
	<>		
	(name of parent) verify the abov	e information is accura	ate. Copies of
	he last month must be attached for		

_(signature of parent or guardian)

_(date)