Swallow Hill Music
CAMP SCHOLARSHIP APPLICATION

Explore! Music Camp • Belt It Out • House of Rock • Bluegrass Camp (Denver only)

Applicants must provide their most recent **1040 tax return** and **one month of paycheck stubs** as a valid proof of income

PART 1 • MAIN CONTACT

Parent/Guardian 1:

Parent/Guardian Name: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Best Way to Contact this Person:** _____ **(cell, e-mail, etc.)**

Number of People in Household: _____ **Number of Dependent Children:** _____

Parent/Guardian 2:

Parent/Guardian Name: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Address:
_____

City:
_____

State,ZIP:
_____

E-mail:
_____

Best Way to Contact this Person: _____ **(cell, e-mail, etc.)**

Return this form to: Attn: Ashley King
Swallow Hill Music School
71 E. Yale Ave.
Denver, CO 80210

Fax: 303-871-0527 Direct: 303-643-5808
Email: ashley@swallowhillmusic.org

PART 2 • CHILD INFORMATION

Please fill out a *Child Information* form for each child for whom you are applying.

If scholarship funds are for more than one camp program for a single child, then please fill out a separate form for each program.

Name of Camper:_____ **Date of Birth**: _____

Age:_____**School Presently Attending:**_____ **Entering grade as of Fall 2017:** ____

Does This Child have Diagnosed Special Needs? (if yes, please describe)

_____

_____

Camp Name (Circle One) Explore! Music Camp Belt It Out House of Rock Bluegrass Camp

Camp Session:_____**Camp Session Dates**: _____

Has child attended a Swallow Hill Music Camp before? YES NO

If yes, for how many years? _____

Have you applied for scholarship assistance from Swallow Hill Music before? YES NO

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PART 3 • NARRATIVE INFORMATION

Please describe any other extraordinary circumstances relevant to your family's capacity to pay for camp:

_____A Child with Diagnosed Special Needs in the Home (this child or another in the home)

_____Single Parent Household

_____Uninsured Medical Expenses

_____Recent Job Loss

_____Other

Please provide a short description from the child of why they want to attend Camp at Swallow Hill Music:

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Annual Household Income: $

Do you qualify for any of the following programs (check all that apply)**?**

_____Food Stamps
_____Medicaid
_____EIC (Earned Income Credit)
_____Social Security / Disability
_____Other Federal Assistance (Please Describe)

Check List

☐	**1040 Tax Return**
☐	**1-Month of Paycheck Stubs**
☐	**Complete Application**

Scholarship Guidelines and Policies:

- Upon completion of the scholarship application, you will be notified of your award within 5 business days. Please be sure to include all information, including financials.
- A student currently on scholarship who wishes to continue from one session to the next will contact Ashley Kidder at Ashley@swallowhillmusic.org or 303-777-1003 x 208. This ensures that the scholarship committee is informed of their intent within a timely manner.
- Scholarship awards vary depending on financial and personal situations. The remaining balance will remain on the student account as an invoice. This invoice is to be paid by the end of the 8 week session.
- Students may not miss more than 2 classes per session. If a student misses more than 2 classes within a session, the student will forfeit their place in the scholarship program.
- Students must be respectful, engaged, and motivated while in class. Instructors and staff will communicate behavior issues. If these issues continue, the scholarship will be forfeited.
- In order to meet the expectations of the class, students will be expected to do their part in practicing the material for the week. We typically suggest 15 minutes daily.

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