Thames Valley Music School Arts Camp Scholarship Application 2015

Thames Valley Music School Arts Camp offers financial scholarships to eligible children living in New London. Scholarship money is limited and awards will be based on the number of applicants, financial need, letter of recommendation, and completion of the application process by **May 1, 2015.**

INSTRUCTIONS:

- 1. Complete the scholarship application form. (fill out a separate form for each child)
- 2. Obtain a letter of recommendation from a teacher or school administrator explaining why your child would be a good candidate for TVMS Arts Camp **based on your child's interests and experience in school and the arts.** They must submit this letter directly to camp by May 1st.
- 3. Please submit a copy of your most recent IRS 1040 or 1040EZ (pages 1 and 2 only)
- 4. Return all forms by May 1st to:

TVMS Arts Camp 270 Mohegan Avenue Box 5294 New London, CT 06320

We will contact you if any further information is required. All scholarship decisions will be made and applicants will be notified within two weeks of the application due date.

If a scholarship is awarded, a non-refundable \$25 application fee will be charged upon acceptance of the scholarship and confirms your child's place at the camp. DO NOT SEND MONEY WITH YOUR APPLICATION. A current health form will also be required.

Please note: Incomplete applications or applications received after the deadline will NOT be considered. You must submit all required documentation (including a recommendation letter) even if you have applied for or been awarded scholarships in the past.

Thank you for you interest in Thames Valley Music School Arts Camp. Please call us at (860) 439-5310 if you have any questions.

Kate McDonald Community Outreach & Scholarship Coordinator Libby Friedman Camp Director

Thames Valley Music School Arts Camp Scholarship Application Form 2015

REQUIRED FORMS:

- 1. Please complete the Arts Camp Registration Form.
- 2. Complete the Camper Information below.

CAMPER INFORMATION: (one child per form)				
Child's name:				
Your name:				
Relationship to child:				
Child's Date of Birth:				
Address: (Your child must live in New London	to apply for	scholarship funding.)		
Contact phone number:				
Contact email address:				
What school does your child attend?				
What grade will your child enter in Fall 2015?				
FINANCIAL INFORMATION:				
Number of individuals living at your address:				
Adults 18 and older: Ch	nildren 17 and	l under:		
Are you receiving federal assistance?	Yes	No		

Please share with us any issues that may affect your family's financial situation or that you would like us to consider in making a scholarship decision:

What is your total combined gross annual household income?

Please attach a copy of your most recent IRS 1040 or 1040EZ (1st & 2nd pages only)

registration Child's Name Boy / Girl Date of Birth Age as of August 3 School Grade in Fall '15 (Campers must be 6 - 13, or 5 entering 1st grade in the fall)	Sign up for one or both sessions (different programming each session) Aug 3 - 7		
Mother/Guardian Name	Name on Card		
Phone H W C Alternate Emergency Contact (Required) Name PhoneRelation	to twistartscamp@conncoll.edu. No phone registrations accepted. One child per registration form. I give my permission for my child to participate in all camp activities and field trips, to be photographed for future publications, and for my child to be treated for minor ailments as necessary. Parent signature Date		

Thanks Miles Artscamp For Kids at converted college	Sign up for one or both sessions (different program Aug 3 - 7 ☐ Aug 10 - 14 • 9:00am-3:30pm (Free Payment Enclosed	-
registration	\$265 Full Payment, per session (Includes D \$50 Deposit, per session (Balance due July	
Child's Name Boy / Girl	Pay in full by April 15, Receive FREE 2015	5 Arts Camp T-Shirt
Date of Birth Age as of August 3	☐ Check if applying for scholarship (do not enclose pay☐ Check Enclosed (make payable to TVMS Arts Camp)	/ment)
SchoolGrade in Fall '15	☐ Credit Card (Charges must be for full amount only - \$	265 per week)
(Campers must be 6 - 13, or 5 entering 1st grade in the fall)	Visa/MC#	
Mother/Guardian Name	Name on Card	
Address	Exp Date CV Code	
	Billing Zip Code	
Phone H W C	MAILING ADDRESS: TVMS/Arts Camp, Conn College - Box 529 New London, CT 06320	94,
Email	REFUND: Deposit non-refundable. Balance refundable up to one child's first day of camp	week before your
Father/Guardian Name	CONTACT INFO: Office: P. 860.439.2900 · F: 860.439.5311 E: tymsartscamp@conncoll.edu · W: www.thamesvalleymusicsch	ool org/arts camp
Address	REGISTRATION SUBMISSION(S): Can be mailed, faxed (860.4: to tymsartscamp@conncoll.edu. No phone registrations accepted One child per registration form.	39.5311) or emailed
Phone H W C	I give my permission for my child to participate in all camp activ	sition and field tring
Alternate Emergency Contact (Required)	to be photographed for future publications, and for my child to be ailments as necessary.	
Name		
PhoneRelation	Parent signature	Date