



Music Travel Scholarship Application 2016-17

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Parent Day phone: _____ Parent Cell phone: _____

Parent Email: _____ Check preferred contact: Day phone Cell Email

School: _____ Music teacher: _____

School Ensemble Type: Band Choir Orchestra (Check one)

Scholarship Request:

Music Event: _____

Is student attending as an individual or ensemble? _____

What is the transportation plan there? _____

What is the transportation plan returning? _____

Student's chaperone: _____ Check one: Parent/Guardian Teacher Initials ___ Other

Where is the event (city/venue)? _____

Is there an event hotel designated? _____

Specific dates of event: _____

Is there a registration fee and if so, how much? \$ _____

Are any meals included? _____ If yes, which ones? _____

Additional comments:

Please attach a copy of your invitation to attend and a schedule of the event from the organizers.

Request for scholarship must be received no less than 15 days prior to the event to:

Colleen Toste, Rising Stars Managing Director; Humboldt County Office of Education, 901 Myrtle Ave., Eureka, CA 95501
707-445-7164 email: ctoste@hcoe.org