

PO Box 480054, Charlotte NC 28269-5300 Tollfree: 844-509-1422 / Phone: 704-509-1422 / Fax: 866-773-1538 ars.recorder@americanrecorder.org

Application For Weeklong Recorder Workshop Scholarships (see separate application for Weekend Workshops)

ARS scholarships are for applicants who primarily play recorder. You must be an ARS member to apply; if you are not a member, you make take advantage of our half-price special of \$25 for the first year.

Applications must be postmarked by March 31 of current year.

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Send or email your application, to the street address or email address above. You may use the space allotted on this form for the essay or use a separate sheet, but do not exceed one page. Application materials cannot be returned. You must sign the application. Please do not send CDs or music files.

Name:				
Address:				
City:		_State/Prov:	Zip+4/Postal:	
Phone number:	Day:		Evening:	_
Email:			Chapter affiliation (if any)	
If under 21, age:				
Workshop(s) you ar	e apply	ing to attend:		
First choice			Second choice	
If Amherst or San Fr	ancisco	Early Music S	Society workshop, which week?	
Amount requested (up to \$!	500):	_ Total registration cost: \$	Deadline:
Where did you hear	about A	ARS scholarsh	ips?	
Other factors being equa previous ARS scholarship		ımber of qualified	d applicants is large, priority will be given to t	hose who have not received
Please note that any ARS s	cholarshi	o must be used wit	hin the ARS fiscal year for which it was awarded	before August 31.

A report detailing your experience is required within four weeks of the event. This way ARS donors can see how their funds have been used for a great cause.

Section A: Level of Expertise

List recorder-related schools, workshops or classes you have attended, as well as teachers with whom you have studied recorder. You may attach separate page. Give dates and degrees earned, if any.

Section B: Applicant's Essay (Important)

In the space provided, or on a separate page, please state why you would like to attend a summer workshop and why you are seeking financial aid to attend that workshop. Include how you expect to benefit, as well as ways in which you will share your experience with others, *i.e.* teaching, performing, planning a workshop, hosting a guest performer or master class. If you are a student, include where you are in school, and describe your educational goals.

Section C: Letters of Recommendation

Two letters are required. You may either mail us <u>sealed</u> letters of recommendation with your application OR you may have your teacher mail or email us their recommendation from their own email account. List information about your references below. Letters should address the following: how long and in what capacity the reference has known you, musical merit and promise, desire for personal enrichment, and potential benefit to others of your experience.

1. Name	Phone:
Email	_
2. Name	Phone:
Email	_

Applicant's signature