

## Memorial Youth Scholarship Application For First-Time Attendees - Youth Music Camp

Applicant's Name	Date	
Street_	Age	Grade in Fall
City	State	Zip
E-mail		
Home Phone	Cell Phone	
Church Name	Pastor	
Music Director/Praise Band Leader's	Name	
	dation from your Music Director, Past company this signed application.	or, or a Music Camp
What skills do you have (sing, play g	guitar, act, dance, etc.) that you would	like to develop?
In what ways would you like to be in	volved in your church's worship mini-	stry?
	scholarship will pay my fees to attend ic Camp. I agree to do my best to deve	
Signed	Date	

Submit signed application and letter of recommendation by published deadline. (For current deadline, see <u>"Scholarships" page</u> on the Florida Fellowship Website.)

• E-mail to Workshop Registrar at <a href="mailto:fl.fellowship.workshop@gmail.com">fl.fellowship.workshop@gmail.com</a>.

OR mail to Cindy Huffman, Registrar, 1261 Royal Oak Dr., Dunedin, FL 34698