

idyllwild arts chamber fest



IdyllwildARTS Summer Program

SCHOLARSHIP Application Form

photo

STUDENT INFORMATION

Last Name _____ First Name _____

Mailing Address:

Street & Number _____

City _____ State _____ Zip _____

Email Address _____

Phone _____ Fax _____

Date of Birth _____ Place of birth _____ Sex _____

Instrument _____

C.V. enclosed YES NO (without your c.v. and email address we can't work on your application!)

PARENTS INFORMATION

Mother : Last Name _____ First Name _____

Profession: _____ unemployed

Salary/year netto: _____

Father : Last Name _____ First Name _____

Profession: _____

Salary/year netto: _____ unemployed

Mailing Address:

Street & Number _____

City _____ State _____ Zip _____

Email Address _____

Phone _____ Fax _____

