



## IMC Scholarship & Bursary Application

A number of partial scholarship and bursaries are awarded annually to IMC campers. These are granted on the basis of talents, technical proficiency and financial need and the instrumental needs of the camp.

\*\*Please note that these partial scholarships and bursaries are available for the Band/Orchestra and Choir Programs.

To apply:

- a) Complete the Applicant Information portion of this application. Return it to IMC with a copy of your Canada Revenue Agency Notice of Assessment for the last tax year.
- b) Take the Teacher Reference sheet to your school music teacher or private teacher. Ask them to fill out the form and send it to our office as soon as possible. It can be mailed to us at IMC Box 1184 Bradford Ontario L3Z 2B6 or scanned and emailed to [anne@campimc.ca](mailto:anne@campimc.ca)
- c) You must be registered for camp and have made a deposit of \$250.00 before your application will be reviewed. If you have not already registered, please do so online before submitting this application.
- d) Scholarship deadline is May 01.

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

email: \_\_\_\_\_ School: \_\_\_\_\_

Instrument: \_\_\_\_\_ Grade Completing: \_\_\_\_\_

1. Have you ever attended IMC? Yes No If yes, what year(s) \_\_\_\_\_

2. Have you been awarded in IMC scholarship? Yes No If yes, what year(s) \_\_\_\_\_

3. Do you take private lessons? \_\_\_\_\_ If Yes, Private teacher's name: \_\_\_\_\_

4. Are you a member of a community orchestra, band or choir? \_\_\_\_\_ Position: \_\_\_\_\_

Name of organization: \_\_\_\_\_ Conductor: \_\_\_\_\_

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5. I hope to receive a partial scholarship or bursary to IMC because:

6. Combined family income - We require proof of income. Please supply Canada Revenue Agency Notice of Assessment for the last tax year.

\_\_\_\_\_ Camper's Signature

\_\_\_\_\_ Parent's Signature

\_\_\_\_\_ Date

# IMC Scholarship Application – Teacher/Instructor Reference

Kindly complete this reference and send it to the IMC office - Box 1184 Bradford On L3Z 2B6 or scan and email it to [anne@campimc.ca](mailto:anne@campimc.ca)

**Student's name:** \_\_\_\_\_

1. Please rate the student on the following categories:

	Poor	Average	Good	Very Good	Excellent
Attitude/Work Ethic					
Co-operation					
Focus/Concentration					
Listening skills					
Maturity					
Personal skills					
Playing/Acting/Dancing/Singing Ability					
Overall potential					

Other comments:

2. How would this student benefit from the IMC camp experience?
3. Why do you support this student's application for a scholarship?

\_\_\_\_\_  
Teacher Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address