



**Washington Old Time Fiddlers Association
(WOTFA) District 15
SCHOLARSHIP APPLICATION**

DATE _____

AGE _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER (____) _____ E-MAIL _____

Are you currently taking music lessons from an instructor? YES / NO

If yes, name and phone number of instructor(s):

INSTRUCTOR NAME: _____ PHONE #: _____

INSTRUCTOR NAME: _____ PHONE #: _____

Have you previously played violin? YES / NO If yes, how long? _____

Have you taken other music lessons? YES / NO If yes, what instrument? _____

Do you read music, play by ear, or both? _____

Do you own a fiddle now or have access to one? YES / NO

Why do you want to play the fiddle? _____

If you are chosen for a scholarship in the WOTFA District 15 program, you must be available to play in at least one jam per month either in Sequim or Chimacum, and/or at one of the scheduled play dates.

Are you involved extracurricular activities that would prevent you from practicing and attending WOTFA events? YES / NO If yes, what are those activities?

APPLICANT SIGNATURE

PARENT/GUARDIAN IF APPLICABLE