

Port Townsend Early Music Workshop  
c/o Vicki Boeckman  
2734 NE 96<sup>th</sup> St  
Seattle, WA 98115  
e-mail: [PTScholarship@seattle-recorder.org](mailto:PTScholarship@seattle-recorder.org)

**Application for Seattle Recorder Society Scholarship  
for the Port Townsend Early Music Workshop**

Applications *with the required recommendation letters* may **either** be sent by USPS mail to the street address above **or** scanned and sent as an attachment to the e-mail address above. Applications must be postmarked or e-mailed by **April 22**.

Please fill out the information below completely and legibly. You may use the space allotted on this form for your essay or use a separate sheet, but please do not exceed one page. Application materials will not be returned.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Chapter affiliation (if any) \_\_\_\_\_

Age: \_\_\_\_\_

**Section A: Level of Expertise**

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

**Section B: Applicant's Essay (Important)**

In the space of one page, please state why you would like to attend the Port Townsend Early Music Workshop and why you are seeking financial aid to attend. Include how you expect to benefit, as well as ways in which you will share your experience with others, *i.e.* teaching, performing, leading a chapter meeting, coaching an ensemble, planning a workshop, etc. If you are a student, please include where you are in school, and describe your educational goals.

**Section C: Letters of Recommendation**

Enclose two letters of recommendation with your application, and list information about your references below. Recommendation letters should address the following: How long and in what capacity the reference has known you, and their opinion of your musical merit and promise.

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date