



Dayton Philharmonic  
Volunteer Association

## DAYTON PHILHARMONIC YOUTH STRINGS ORCHESTRA MUSIC AWARDS INFORMATION SHEET

1. The purpose of the awards is to encourage members of the Dayton Philharmonic Youth String to become more proficient at their instruments and to enrich the orchestra members in their musical interest area.
2. To be eligible, a student must:
  - a. **Be an active member of the Dayton Philharmonic Youth Strings**
  - b. **Be an accepted member of DPYS or DPYO for next season.**
  - c. **Submit a brief written statement**
3. Awards will be made on the basis of: **musical preparation, attendance, attitude, ability, teacher recommendation, recommendation of the Youth Strings Director, the student's written statement and explanation of need.**
4. Awards received **MUST BE USED FOR FURTHER MUSIC TRAINING.**  
(Summer Music Camp, Music Lessons, Instrument Purchases)
5. Please ask your music teacher to complete and mail the attached recommendation form. Please provide your teacher with a stamped envelope addressed to the address below.
6. The Dayton Philharmonic Volunteer Association Scholarship Committee will make the final decision.

All parts of the application must be received no later than  
**Friday, April 6, 2018** to:

DPVA Scholarship Committee  
Pat Fritchman  
6826 Highfield Dr.  
Dayton, Ohio 45415

Call Pat Fritchman with any questions, (937) 898-2724



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# DPYS Award Application Form

PLEASE PRINT OR TYPE

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

School You Attend \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

DPYS Instrument \_\_\_\_\_ Years Studied \_\_\_\_\_

Years in DPYS \_\_\_\_\_ Principal Chair Yes \_\_\_\_\_ No \_\_\_\_\_

Private Music Teacher (if any) \_\_\_\_\_

Other awards and/or music experience: \_\_\_\_\_

Expected cost for your summer 2018 music enrichment:

\_\_\_\_\_ Camp      \_\_\_\_\_ Clinic      \_\_\_\_\_ Lessons      \_\_\_\_\_ Instrument

**IMPORTANT:**

On a separate sheet, please write a statement of what you consider to be your qualifications for the scholarship award including a brief explanation of financial need.

**Application and statement must be received by April 6, 2018. Mail to:**

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Pat Fritchman  
6826 Highfield Dr.  
Dayton, Ohio 45415



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## DPYS Award Application TEACHER Recommendation

Name of Student \_\_\_\_\_

Instrument Played \_\_\_\_\_

Years of Private Instruction \_\_\_\_\_

For each of the following categories, please circle the rating that best describes this student:

Quality of Lesson Preparation	Superior	Excellent	Good	Average	Poor
Attitude	Superior	Excellent	Good	Average	Poor
Attendance	Superior	Excellent	Good	Average	Poor
Technical Ability for Age Level	Superior	Excellent	Good	Average	Poor

Please write a brief statement about the student. All information will remain confidential.

\_\_\_\_\_  
Signature & Title

**Recommendation must be received by April 6, 2018. Mail to:**

DPVA Scholarship Committee  
Pat Fritchman  
6826 Highfield Dr.  
Dayton, Ohio 45415



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## DPYS Award Application DPYS DIRECTOR Recommendation

Name of Student \_\_\_\_\_

Instrument Played \_\_\_\_\_

Years in DPYS \_\_\_\_\_

For each of the following categories, please circle the rating that best describes this student:

Quality of Preparation	Superior	Excellent	Good	Average	Poor
Attitude	Superior	Excellent	Good	Average	Poor
Attendance	Superior	Excellent	Good	Average	Poor
Technical Ability for Age Level	Superior	Excellent	Good	Average	Poor

Please write a brief statement about the student. All information will remain confidential.

\_\_\_\_\_  
Signature

**Recommendation must be received by April 6, 2018. Mail to:**

DPVA Scholarship Committee  
Pat Fritchman  
6826 Highfield Dr.  
Dayton, Ohio 45415