



**KEVIN JONES  
PERFORMING ARTS  
S · T · U · D · I · O**

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**2012 KJPAS Scholarship Application**

**Please Print Legibly. Thank You.**

Full Name of Participant \_\_\_\_\_ Participant's Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work or Cell phone \_\_\_\_\_

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

Email (please print legibly) \_\_\_\_\_

Parent/Guardian, please briefly describe your child's history and interest in the performing arts, and why you think your child would benefit from such an experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child/applicant, please briefly describe your interest in the performing arts, and how you think this workshop or trip would benefit you (parent may write for child, if child is not able to do so, but please do not embellish your child's answer. Thank-you).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Parent/Guardian, we do not make a request to view personal financial data. Therefore, please share with us how much you realistically could afford to pay towards the camp. Thank-you.

\$ \_\_\_\_\_

Please mail this scholarship form to: **KJPAS 6079 Oriole Lane, Roanoke, VA 24018**

You will be notified the outcome of your request by e-mail and/or telephone and given further instructions on how to complete the Camp Bethel registration form. If you have any additional questions, please do not hesitate to contact Kevin Jones by phone or e-mail. Thank-you.