Musicians West

Scholarship Application Form

*Type information into gray boxes.*

*Save this form, then email to* info@musicianswest.org

Date:

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| Name:  Address:  City, State, Zip:  Email:  Telephone:       Birth Date:  Year in School (if applicable): |
| Scholarship Applying for: |
| **Private Lesson Scholarship**  Average Monthly Lessons: $  Name of Private Teacher:  Telephone/Email:  Amount Requested: $ |
| **Music Camp Scholarship**  Name of Music Camp:  Tuition/Room/Board: $ |
| **College/Continuing Ed Scholarship**  College or University Attending:  Amount Requested: $ |
| Describe in detail your background of music study and achievements: |
| Explain your financial need: |