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:       |