MusiciansWest

Scholarship Application Form

Type information into gray boxes.

Save this form under a different name, then email to markneiwirth@isu.edu

or paper mail to PO Box 1142, Pocatello ID 83204

Date:

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| Name:       Address:       City, State, Zip:      Email:      Telephone:       Birth date:      Year in School (if applicable):      |
| **Which Scholarship are you applying for? Check one below.** |
| [ ]  **Private Lesson Scholarship** Average monthly lessons: $      Name of private teacher:       Teacher’s telephone/email:       Amount requested: $      |
| [ ]  **Music Camp Scholarship** Name of music camp:       Tuition/Room/Board: $      |
| [ ]  **College/Continuing Education Scholarship**College or university attending:       Amount requested: $      |
| Describe in detail your background of music study and achievements:      |
| Explain your financial need:      |