MusiciansWest

Scholarship Application Form

Type information into gray boxes.

Save this form under a different name, then email to [markneiwirth@isu.edu](mailto:markneiwirth@isu.edu)

or paper mail to PO Box 1142, Pocatello ID 83204

Date:

|  |
| --- |
| 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: |