

MINNESOTA FEDERATION OF MUSIC CLUBS
Application for Scholarship to
International Music Camp

Please print or type:

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ e-mail: _____

Age: _____ Grade in School: _____

Camp session you want to attend: _____

Dates: _____ through _____

Field of study: _____

Teacher's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ e-mail: _____

Attach two letters of recommendation from adults who are familiar with your accomplishments and goals as a music student. One letter must be from your present teacher in the area you wish to study at the International Music Camp. Also include an audiotape of you performing two scales and two selections of your choice.

Return application, letters of support, and audio tape by **April 15** to:

Rose M. Zygmanski
1109 Wisconsin Street
Hibbing, MN 55746

(218) 263-3447

Incomplete applications or applications received after April 15 will not be eligible for consideration.

Be sure to complete the section on the other side of this form!

