

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!**

