

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 a CD of you performing two scales and two selections of your choice.

Return application, letters of support, and recording by **Thursday, April 8, 2010** to:

Mary Angela Strasser
410 Mesabi Drive
Hibbing, MN 55746
(218) 263-8188

Incomplete applications or applications received after April 8, 2010, will not be eligible for consideration.

Be sure to complete the second part of this form!

