

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: _____

Date of Birth: _____ Grade in School: _____

MFMC FESTIVAL Date, Location, and Rating: _____

Session you want to attend: _____

Session Dates: _____ Field of Study: _____

Teacher's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Complete this page and the reverse side/second page of this form.

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.

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

Return Application, Letters of Recommendation, and CD by **April 1** to:

Karen Sue Erickson, 910 Westwood Drive SW, Alexandria MN 56308-2328

Phone: 320-762-1713 or karensueerickson@gmail.com

PLEASE NOTE: In the event of financial shortfall, advertised award amount may be adjusted. Applicants will be notified of the award change.

Tell why you wish to study at the International Music Camp:

CD Recording Information:

List the key signature of the scales you recorded: #1 _____ #2 _____

Performance Piece #1:

Title: _____ Composer: _____

Performance Piece #2:

Title: _____ Composer: _____

Incomplete applications or applications received after the due date will not be eligible for consideration.