

# Muhlenberg Music Association Music Workshop Scholarship Application

## Student Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_

## Workshop Information

Title of Workshop: \_\_\_\_\_

Location of Workshop: \_\_\_\_\_

Date(s) of Workshop: \_\_\_\_\_

Cost of Workshop: \_\_\_\_\_

Attached is a copy of the workshop brochure/flyer or a brief outline of the workshop.

Brief description of how you will benefit from this workshop:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail complete application to:*  
*Muhlenberg Music Association*  
*P.O. Box 249*  
*Temple, PA 19560*