Harmony Club of Abilene Scholarship Application Form
Affiliated with National Federated Music Clubs

Name: _____
Age/Grade/School attending:_____
Parents' name:_____
Address: _____
Phone number(s): _____

Summer study program you want to attend:_____

Your instrument:_____
Private teacher's name(s) and email address or phone number:_____
_____
_____

Have you attended summer study programs previously? YES☐ NO☐
Which camp/festival/institute? _____

List music experience, performances, and organizations: _____
_____
_____
_____

List other interests, honors, organizations, activities:_____
_____
_____

Please explain why you want to attend a summer study program, camp, or festival _____
_____
_____
_____
How many years have you participated in NFMC Junior Festival? _____

Have you ever performed at a Harmony Club meeting? YES☐ NO☐
Will you be able to attend the summer program if you receive a partial scholarship?
YES☐ NO☐

I recommend this student for a Harmony Club Scholarship.
Signature of recommending teacher:_____
Comments:_____
_____
Recommending teacher should also attach a letter of recommendation.

Signature of student: _____
Signature of parent: _____