

HIGH PLAINS MUSIC CAMP SCHOLARSHIP APPLICATION

Campers wishing to apply for scholarships must email their application **by May 1** to Dr. Peter Lillpopp, HPMC Director, at p_lillpopp@fhsu.edu. Incomplete or late applications will not be considered.

Name (print) _____ Parent/Guardian Names _____

Address _____ City _____ State _____ Zip _____ Phone _____

Email _____ Current School _____ Grade in School in the Fall _____

Primary Instrument/Voice Part: _____ Secondary Instrument _____ Overnight or Day Camper (circle one)

Have you ever attended HPMC before? _____ If so, please list the years you have attended _____

Do you have any siblings that will attend this year's camp? _____ If so, please list name(s) _____

Music Teacher's Name _____ Phone _____ Email _____

Describe why you desire/need a HPMC scholarship. Make sure to address financial need. Use separate page if needed.

I verify that all information indicated on this scholarship application is true and accurate.

(Date)

(Student's Signature)