

Jackson Hole Music Experience

Scholarship Application

JHME, P.O. Box 2730. Jackson, WY 83001
(307) 733-3970,
www.jhme.org

Name: _____ Age: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ Evening: _____

Cell: _____

Email address: _____

JHME program you hope to attend: _____

Have you ever attended a JHME program before? _____

If so, which program did you attend? _____

When did you attend? _____

Have you ever applied for a JHME scholarship before? If yes, please indicate when, and how much was awarded.

Scholarship conditions: The decisions made by JHME are final. If, for any reason (including but not limited to removal due to a disciplinary infraction), the student does not attend or complete the program for which he/she has been awarded this scholarship, JHME reserves the right to collect the scholarship amount from the student or his/her parent(s).

Signature of parent or guardian

Why do you want to attend this JHME program, and what do you hope to get out of the program (250 words or less, attach other sheets if necessary)?

Why do you feel that you deserve a scholarship (250 words or less, attach extra sheets if necessary)?

Private instructor and/or band director remarks (required):

Please return this form to: JHME, P.O. Box 2730, Jackson, WY 83001.