



JACKSON HOLE MUSIC EXPERIENCE

SCHOLARSHIP APPLICATION

Please fill out both pages and mail or email to:

Mail: JHME
P.O. Box 2730
Jackson, WY 83001

Email: info@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? _____ Date attended _____

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

