



Handbell Musicians
OF AMERICA

Area 5

SCHOLARSHIP PROGRAM APPLICATION

Name: _____

Address: _____

(Number and Street) (City, State, Zip)

Daytime Phone: _____ Evening Phone: _____

Have you received an Area 5, Handbell Musicians of America, scholarship previously? _____

Year: _____ Amount: _____ Event: _____

Sponsoring AGEHR organization membership number: _____

Name and address: _____

Conference you would like to attend: _____

Location: _____ Dates: _____

Published Base Registration Fee: \$ _____

Is your attendance at this event dependent on receiving this scholarship? _____

Please give us information on your background in handbell ringing:

Please give a brief summary of what you expect to learn from this event and how this scholarship can assist you in your situation (use a separate page if needed): _____

I have read the *Scholarship Program Awards Procedure* policies and submit this application based upon these policies.

Applicant's Signature _____ Date _____

Return to: Dave Baker, 1917 S Centennial Ave., New Palestine, IN 46163. Questions – treasurer.area5@handbellmusicians.org

Deadline for postmark or fax receipt is 6 weeks before the designated event. The full scholarship awards policy is available online at www.area5.handbellmusicians.org/education/scholarships.