



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 HMA organization membership number: _____

Name and address: _____

Conference you would like to attend: _____

Location: _____ Dates: _____

Published Base Registration Fee: \$ _____

Please give us information on your background in handbell ringing (use a separate page if needed):

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 Procedures* 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.