## Idaho Federation of Music Clubs Collegiate Award Application

Instrument or vo	ice:		Date:		
Full name (please	e print):				
College/universit	y attending:				
Age:	Birthdate:	Year in school:			
College address:					
Permanent addre	ss:				
Phone:					
Email:					
	resident and have an				
	st of teachers with who t eight years (this info f judges).			=	
	PERFO	RMANCE SELEC	TIONS		
Title		Length	Composer		
Title		Length	Composer		
Title		Length	Composer		
Title		Length	Composer		
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Signature of appl	icant:artment Head or majo	D. C			
Signature of Dep	artment Head or maio	r Protessor:			

Mail by May 1, 2025 to Juli Draney, Scholarship Chair, 708 S Beach St, Boise, ID 83705