Idaho Federation of Music Clubs **Wilson Memorial Award Application**

mstrument of voice.	Date:	
Full name (please print):		
High School attending during the 2024-2	25 school year:	
College/university attending for Fall 202	25:	
I am or am not a member of a Individual Student Member and I am end		
Address:		
Age: Birthdate:	Year in school:	
Phone:		
Email:		
Please attach a list of teachers with whor studied in the last eight years (this informin the selection of judges).		
	MANCE SELEC	
Title	Length	Composer
Title	Length	Composer
Title	Length	Composer
I hereby certify that I, the applicant, have Wilson Memorial Awards audition. The	•	
Signature of applicant:		

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