

KANSAS CITY MUSICAL CLUB SCHOLARSHIP APPLICATION FORM 2025

Please Print

Name: _____ Birthdate: _____

Age: _____ Gender: _____ Phone: _____

Current Address with zip code: _____

E-mail address: _____

Instrument/Voice part: _____ Accompanist: _____

College attending: _____

Current College level: ____ Undergraduate degree ____ Graduate degree

List of proposed repertoire for audition (send any changes by e-mail no later than March 5):

1. _____

2. _____

Student's Signature: _____

Print teacher's name: _____ Teacher's Signature: _____

Audition Fee is \$38.00.

Email me if you wish to pay by Zelle to get the Zelle address.

If paying by Check or Money Order, make the check or money order out to Kansas City Musical Club and send it with your application to:

Kansas City Musical Club
Marilyn Miller, Scholarship Chairman
6840 Mastin Dr.
Merriam, KS 66203

If you have any questions, email or text rlanemillerm@sbcglobal.net 913-787-7671