



# OHIO FEDERATION OF MUSIC CLUBS

## MUSIC THERAPY SCHOLARSHIP

Chair: Ronna Kaplan, MA, MT-BC

Phone: 216-410-5162

E-mail: rskaplan1@gmail.com

### *Official Entry Form*

Deadline April 1

PRINT-MUST BE LEGIBLE

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

School Attending \_\_\_\_\_ Year in School \_\_\_\_\_

Nominated by (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

(I understand and comply with the rules of this scholarship)

Send Entry Form to Chair:

Ronna Kaplan

E-mail: rskaplan1@gmail.com