



OREGON
MUSIC TEACHERS
ASSOCIATION

**Continuing Education Scholarship
Application Form
Tualatin Valley District**

Please Print or Type

Name: _____ Instrument: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Date of Birth: _____ High School: _____

Intended college or university: _____

Teacher's name: _____ Phone: _____

Teacher's e-mail: _____

Length of study with this teacher: _____

List the repertoire you will perform at the audition. It must represent 3 of the 5 style periods.

Total time allowed is 16 minutes.

Title	Composer/Period	Length
1.		
2.		
3.		

Applicant signature: _____ Date: _____

A complete submission includes:

- This application form
- A letter of recommendation from your current teacher
- Your music resume

Your submission must be postmarked or emailed by March 8, 2025 – No exceptions.

Mail or email applications to: Karen Huntsberger
1130 NW Shadywood St.
McMinnville, OR 97128