

Park University's International Center for Music

Scholarship Circle Response Form

Name to be listed in all applicable materials: _____

Contact Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Email: _____

Commitment Level (Check Your Choice).

- _____ \$1200,000 ICM Scholarship Circle / Principal Student Underwriter - 4 Years*
• _____ \$30,000 ICM Scholarship Circle / Student Underwriter - 1 Year*

* May have studio of choice (cello, piano, viola, violin) _____

Payment Type:

_____ Check (Please make payable to the Park University ICM)
_____ Charge:
Credit Card # _____ Exp. Date _____
CVV# (Security Code) _____ Name as it appears on the credit card _____
_____ Please send an invoice.

Guest Names:

ICM Scholarship Circle members receive up to 10 tickets for all performances at the 1900 Building, 10 tickets to Stanislav & Friends and additional invitations. If you have family members who should always have a standing RSVP's, please include them here.

- 1. _____ email: _____
2. _____ email: _____
3. _____ email: _____
4. _____ email: _____

We agree to support the student scholarship for the time indicated above:

Name and Date

Name and Date

Please sign and return this form to:

Park University
Lisa Hickok, International Center for Music
8700 NW River Park Drive CMB#43
Parkville, Missouri 641752

Questions: Lisa.Hickok@park.edu