



Musical Scholarship Application

Date of Application _____

Date/Length of Program _____

Name: _____ Age: _____

Street: _____ City: _____ County: _____ Zip: _____

Email: _____ Phone: _____ Alternate Phone: _____

Parent(s) or Guardian(s): _____

Street: _____ City: _____ County: _____ Zip: _____

Email: _____ Phone: _____ Alternate Phone: _____

School/College/University: _____ GPA: _____

Projected Graduation Date: _____ Major: _____

Instrument/Voice _____ Years Studied: _____

Current Participation in Ensemble/Band, Chorus, etc. _____

Teacher/Instructor: _____ Phone: _____

Program Applied: _____ Accepted: (Y or N) _____

Amount of Funds Requested: _____ Total Amount of Program: _____

- Please attach a list of any awards or solo opportunities.
- Please attach letters of recommendation from teachers.

Signature of Applicant

Signature of Parent or Guardian if under 18