



SOUTHWEST FLORIDA
Symphony Society

Musical Scholarship Application

Name _____ Date of Application _____

Address _____ City _____ County _____ State _____

Email _____ Phone _____ Alternate phone _____

Age of Applicant _____

Parent(s) _____

Address _____ City _____ County _____ Zip _____ State _____

Email _____ Phone _____ Alternate phone _____

High School/College/University _____ GPA _____

Projected graduation date _____ College Major _____

Instrument/Voice _____ Years studied _____

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

Teacher/Instructor _____ Email _____

Program applied for _____ Accepted (Y/N) _____

Amount of Funds requested _____ Total amount of program _____

Attach two recommendation letters from teachers

List music to be performed

Signature of Applicant

Signature of Parent or Guardian, if under 18