



John Hudson Scholarship Application Form

Qualifications: Must be a Member of the SWFLSO Youth Orchestra and a Senior in High School.

Name: _____

Address: _____

E-Mail: _____

Date of Birth: _____ SSN: _____

Home phone number: _____

Cell phone number: _____

Years in the YO and instrument(s) played: _____

Academic Status: To the best of your knowledge please provide the following information.

GPA: _____ Class Rank: _____ ACT: _____ SAT: _____

High School/ address: _____

H S Counselor's name and phone: _____

Name of college(s) you have applied to: _____

Volunteer Service: Include hours participated or worked.

Community: _____

Youth Orchestra: _____

School Activities: _____