

APPLICATION FORM
The Jillian Prescott Music Awards Scholarship Competition
Gulf Coast University- 04/20/2024
Open to students age 14-22

Name: Enter First, Last

Address: Full address include apt. number

City, State:

Zip Code:

County:

Phone: Include area code

Your Email:

Enter the instrument you play or your voice part:

Name of Private Teacher or other Music Teacher:

Teacher's Email Address:

Teacher's Phone #

I verify that I have informed my teacher listed above that I am entering this event. Enter your Name to verify-

Parent's Names:

Your Date of Birth: Enter as mo/day/year- xx/xx/xxxx

Your Age as of the Competition Date:

Grade in School:

Name of School:

If using an accompanist list- Name and Email:

SELECTION OR SELECTIONS YOU WILL PERFORM

Classical Selection

Name of Work and Composer:

Other Contrasting Selection / Style (If applicable)

Name of Work and Composer

Describe how you will use the scholarship funds:

Name of the program service Provider:

Contact information for program or provider. Enter address, Contact person, Phone #, email address

Cost of program or services

PLEASE RETURN THIS APPLICATION VIA EMAIL TO

Scholarships-2024@outlook.com. **Application must be typed and be received by 04/03/2024. Strictly enforced.**

Carefully read the flyer that provides all information and requirements before filling out/submitting the application form.