

APPLICATION FOR THE SALEM COUNTY BRASS SOCIETY
MUSIC SCHOLARSHIP

(Please type or print clearly)

Applicant's full name: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone: _____

Date of Birth: _____

Parent's/Guardian's Names: _____

High School: _____

Expected High School graduation date: Month _____ Year _____

Grade point average: _____ (provide office transcript)

Class rank: _____ of _____

Indicate each musical instrument played or vocal ability (SATB) and rate your ability where 1 is beginner and 5 is outstanding for your age group.

_____ Rating: _____

_____ Rating: _____

_____ Rating: _____

Indicate school and music awards received and any other musical achievements and scholarships. Include regional band, orchestra, choir, etc.

Indicate what musical organizations you have belonged to or currently belong to and the corresponding dates:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Do you give music lessons to others? _____. If so, what instruments do you teach and how long have you been teaching?

How do you demonstrate your appreciation of music to others?

Why do you wish to enter a career in music?

Who do you most admire in the world of music?

Applicant's Signature _____

Parent or Guardian _____

Date _____

Please feel free to add additional pages if needed.

