DON CHILDS MEMORIAL MUSIC SCHOLARSHIP APPLICATION FORM

Due Date April 1st

Name _____

Address _____

Age _____ Parent or Guardian _____

TITLE AND DESCRIPTION OF MUSIC WORK IN HIGH SCHOOL

_____
_____
_____
_____
_____
_____

DESCRIBE IN 50 WORDS OR LESS YOUR ULTIMATE GOAL IN MUSIC

_____
_____
_____
_____
_____
_____
_____
_____
_____

WHERE DO YOU PLAN ON ENROLLING IN SCHOOL?

_____

WILL MUSIC BE YOUR AVOCATION OR PROFESSION? _____

WHY? _____
_____

GIVE A BRIEF EXPLANATION OF WHAT MUSIC MEANS TO YOU AND WHY YOU ARE APPLYING FOR THIS SCHOLARSHIP

_____
_____
_____
_____
_____
_____

SIGNED _____ DATE _____