

Suzanne E. Anderson Music Scholarship—page 2

ACADEMIC LETTER OF RECOMMENDATION

NAME: _____ email: _____

PHONE: _____

ADDRESS:

CHARACTER REFERENCE OUTSIDE THE SCHOOL COMMUNITY

NAME: _____ email: _____

PHONE: _____

ADDRESS:

PLEASE USE THE SPACE BELOW (AND ON THE OTHER SIDE OF THIS SHEET, IF NEEDED) TO OFFER REASONS (ANY HONORS AND DISTINCTIONS) WARRANTING SPECIAL CONSIDERATION BY THE SCHOLARSHIP COMMITTEE. THIS IS A MERIT BASED SCHOLARSHIP AND DOES NOT TAKE INTO CONSIDERATION FINANCIAL NEED.

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SCHOLARSHIP CHOICE:

UNIVERSITY _____ SUMMER MUSIC CAMP _____

Check one and list University or Summer Music Camps to which you are applying.
Checks will be made out to and sent to each winner.

APPLICANT'S NAME:

PHONE: _____

ADDRESS:

email: _____

PARENT OR GUARDIAN NAME AND ADDRESS:

CURRENT SCHOOL:

SCHOOL MAILING ADDRESS:

SCHOOL MUSIC TEACHER (BAND DIRECTOR, CHORAL DIRECTOR, ETC.)

MAJOR INSTRUMENT: _____

LENGTH OF TIME STUDIED: _____

PRIVATE MUSIC TEACHER'S NAME: _____

PHONE: _____

ADDRESS: _____

COMPLETED APPLICATIONS:

PLEASE SEND COMPLETED APPLICATION, INCLUDING ALL LETTERS OF RECOMMENDATION, AS A WORD DOCUMENT (DO NOT USE A ZIP FILE). PLEASE POST YOUR VIDEO OF YOUR PERFORMANCE (3 CONTRASTING WORKS) ON YOUTUBE AND PROVIDE THAT LINK. FORWARD TO JENDEN@PTD.NET

Contact person: Jenny Collins RE: Stbg. Music Study Club Scholarship
jenden@ptd.net 570-424-8761