

APPLICATION FOR SCHOLARSHIP AWARD 2018-2019

The Musical Club of Westfield, Westfield, NJ

Please print on both sides of this application.

Applicant's information:

Name _____ Date _____

Address _____

E-mail _____ Tel # () _____

Date of birth _____ Place of birth _____

Primary instrument or voice _____ Dates studied _____

Secondary instrument or voice _____ Dates studied _____

Other instruments or voice _____ Dates studied _____

Principal teachers:

Teacher's name _____ Dates studied _____

Teacher's name _____ Dates studied _____

Teacher's name _____ Dates studied _____

Teacher's name _____ Dates studied _____

List ensembles and organizations in which you have performed

_____ Dates _____

_____ Dates _____

_____ Dates _____

_____ Dates _____

_____ Dates _____

Do you participate in other extracurricular activities?

_____ Dates _____

_____ Dates _____

_____ Dates _____

_____ Dates _____

Class rank _____ Current employment _____

Employer's name _____ Employer's Tel # () _____

What schools have you applied to for college?

1st Choice _____

2nd Choice _____

3rd Choice _____

What will your major be?

Music performance major Music education major

other, explain _____

Will you be eligible for work/study? _____

If no, do you plan to work while in school? _____

I hereby state that I have answered the above questions truthfully.

Signature _____ Date _____

Portion completed by parents/guardians

Parents/guardians name _____ occupation _____
Parents/guardians name _____ occupation _____

Are you?

married divorced widowed

Are other children living in the home or in college? _____

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

Applicant's first year of college estimated expenses

Room and Board _____ Tuition _____
Books and materials _____ Travel _____ Total _____

How much aid is the Applicant expected to receive?

College or University scholarship _____ Student loans _____
Other scholarships _____ Total aid _____

I hereby state that I have answered the above questions truthfully.

Signature _____ Date _____

Due date for submission is April 2 to:

Clarissa Nolde
414 Locust Ave.
Garwood, NJ 07027

Please contact your Guidance counselor for eligibility requirements.

An official high school transcript, two letters of recommendation (one from a guidance counselor and one from a private music teacher), and a FAFSA form must accompany completed applications. No applications will be accepted after the April 1st deadline. Upon receipt of all required documentation, an audition time will be assigned. Audition requirements are as follows: two contrasting pieces from the standard repertoire for instrument or voice. The selections must be performed from memory. The student must provide his/her accompanist as needed.

If you have any questions, please e-mail: cnoldestudio@gmail.com