

2016-2017 APPLICATION FOR SCHOLARSHIP AWARD

The Musical Club of Westfield, Westfield, NJ

Please fill in both pages of this application, including student's and parent/guardian's signatures.

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 # _____

Name _____

What schools have you applied to for college?

1st Choice _____

2nd Choice _____

3rd Choice _____

What will your college major be? (Please circle.)

Music performance Music education Composition Musical Theater Music Therapy

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 parent/guardian

Parent/guardian name _____ occupation _____

Parent/guardian name _____ occupation _____

Are you? (Please circle.) single 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.

(Parent/Guardian) Signature _____ Date _____

Send all application materials **to arrive on or before April 1, 2017** to:

Clarissa E. Nolde, Co-chair Scholarship Awards Committee
414 Locust Ave.
Garwood, NJ 07027