**Application for Organ Study Scholarship 2019-2020**

**Student Information**

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| --- | --- | --- |
| Name:  | Nickname:  | M/F: |
| Address: |
| City: | State: | Zip: |
| Home Phone: ( ) | Cell Phone: ( ) |
| Email Address:  | Other interests/activities: |
| Birthdate: | Age: | School: | Grade: |
|  |
| Instrument #1 | Years of Study: |
| Teacher’s name & telephone: |
| Instrument #2 | Years of Study: |
| Teacher’s name & telephone: |
|  |
| How did you hear about the Young Organist Collaborative? |
| Why do you want to study the organ (use back if needed)?  |
| Church or Congregation (information may be helpful with placement, securing practice space, and fundraising): |

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| --- |
| Parent/Guardian’s Names: |
| Home/Cell Phone Number #1:  | Email Address: |
| Home/Cell Phone Number #2:  | Email Address: |

**Parent/Guardian Information**

Applications must be received by **April 20, 2019**, and include a written recommendation from a music teacher which may arrive separately. Please mail to P.O. Box listed below.

P.O. Box 24 ⚫ Portsmouth, NH 03802-0024

www.stjohnsnh.org/young-organist-collaborative