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

**Student Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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): | | | | |

|  |  |
| --- | --- |
| 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