

# MUSICHORALE SCHOLARSHIP APPLICATION

**VOCAL APPLICATION (POSTMARK) DEADLINE: OCTOBER 7, 2016**

**CONTEST DATE: OCTOBER 22, 2016**

**INSTRUMENTAL APPLICATION (POSTMARK) DEADLINE: MARCH 10, 2017**

**CONTEST DATE: MARCH 25, 2017**

Send \$25.00 check made payable to **Musichorale Scholarship Fund** with application to:

Mrs. Gina Gamez  
Chairman, Scholarship Contest  
7754 Merrimac Avenue  
Burbank, IL. 60459

Full Name (Please Print) \_\_\_\_\_  
(First) (Last)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex M F

**APPLICANT E-MAIL ADDRESS** \_\_\_\_\_

**PARENT E-MAIL ADDRESS** \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
(Name of School)

## **VOCAL CONTEST**

School where lessons were/are taken \_\_\_\_\_ Years of lessons \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## **INSTRUMENTAL CONTEST**

Instrument: \_\_\_\_\_ Years of lessons \_\_\_\_\_

School where lessons were/are taken: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

# MUSICHORALE SCHOLARSHIP APPLICATION

Where did you hear about this contest?    Cable    Newspaper    Radio    School    Teacher    Other

What was the name of the above? \_\_\_\_\_

Have you ever entered the Musichorale Scholarship Contest before?    Yes    No

Music affiliation and/or experience \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

I acknowledge that I have read and understand the contest rules.

Please initial:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Signature (Student)

\_\_\_\_\_  
Signature (Parent)