

Organ Tour Italia 2015

Scholarship Application

Personal Information

Full Name:		<input type="checkbox"/> Female <input type="checkbox"/> Male
Birth Date:		
Phone Number:	Email Address:	
Street Address:		
City:	State:	Postal Code:
Country:	Organ Tour Alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of High School or University:		
City, State:	Country:	
Year in School:	Anticipated Date of Graduation:	
Major:		
Music Extracurricular Activities:		

*To be completed by those under the age of 18 only.

Parent/Guardian Name:
Home Number:
Cell Phone Number:
Email Address:

Prior to submitting this form, please be sure that you have included all of the required documents:

- Application Form Resume or CV Letter of Recommendation

Applications must be submitted via e-mail or postmarked by the February 16, 2015 deadline.

Signature

Date

By signing this application, I certify that all information submitted is accurate. I understand that any intentional discrepancies may prevent my participation in Organ Tour programs.

Thank you for your application and we look forward to speaking with you soon!

Musical Collaborations, P.O. Box 268, Denville, NJ 07834
pcarroll@musicalcollaborations.org – 862-209-1443