

Friends of The Augusta Choral Society  
Scholarship Application  
**MUST BE RECEIVED IN THE CHORAL SOCIETY OFFICE**  
**BY TUESDAY, APRIL 21, 2020**

STUDENT NAME \_\_\_\_\_

PARENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

SCHOOL \_\_\_\_\_

NAME OF RECOMMENDER \_\_\_\_\_

(It is the applicant's responsibility to ensure the recommender submits a letter by the deadline.)

MUSIC PARTICIPATION (both in and out of school):

<u>ORGANIZATION</u>	<u>HOURS/WEEK</u>	<u>NUMBER OF YEARS</u>
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FUTURE PLANS INVOLVING MUSIC (continue on back if necessary):

**Application AND recommendation must be received in**  
**The Augusta Choral Society Office**  
**P.O. Box 1402, Augusta, GA 30903**  
**by 5:00 p.m. on TUESDAY, APRIL 21, 2020**