

Music Booster Scholarship

Applicant Number \_\_\_\_\_



### AFFTON HIGH SCHOOL MUSIC SCHOLARSHIP

This completed form, along with essay, must be returned to your Counselor's Office no later than April 15, 2012.

Date: \_\_\_\_\_

\* Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SS # \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Years of Music Study: \_\_\_\_\_ Major Instrument or Voice: \_\_\_\_\_

Intended University or Music School: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Anticipated Enrollment: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian

\*Please put your name on this form but **NOT** on your essay. Please put only your application number on your essay. Thank You.