



Scholarship Application Form

Chorister's

Name _____

Address _____

City/State/Zip _____

Name of Music Education or Academic Support Provider _____

Type of Program, Testing Service or Application Fee _____

Scholarship payments will be sent within three weeks of receipt of Application.

If you have any questions, please contact Alice Lightner, Choir Manager at 609-278-0822.

**Please return this form and a bill or invoice from the provider to Alice Lightner,
Choir Manager, or mail the forms to her attention at:**

Trenton Children's Chorus, 471 Parkway Ave Trenton, NJ 08618