

JOHN FRANKLIN WYNN MEMORIAL SCHOLARSHIP

GREATER OZARKS BLUEGRASS SOCIETY

Application cover sheet

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby state that all information submitted in this application is accurate and truthful:

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

Note: above information will not be forwarded to the selection panel. The panel will make its decision based on your answers to the following questions. No one on the panel will know your true identity. This will enable the panel to evaluate your qualifications without prejudice.

Please mail your completed application to:

***Greater Ozarks Bluegrass Society***

*P.O. Box 186*

*Clever, MO 65631*

Or via email to [gobsbluegrass@gmail.com](mailto:gobsbluegrass@gmail.com)

Greater Ozarks Bluegrass Society

John Franklin Wynn Memorial Scholarship

Information for the selection panel:

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

Are you currently enrolled in school: \_\_\_\_\_

If yes, please provide the name and address of school: \_\_\_\_\_

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How are you classified? (high school or what year of college?) \_\_\_\_\_

Should you be awarded a scholarship by GOBS, how will you use it?

- A. College tuition
- B. College expenses (books, etc.)
- C. Music camp tuition

Please answer the following questions.

1. What are your goals academically?
2. What are your needs for financial assistance?
3. What are your goals in music?
4. Describe your relationship to bluegrass music.