

## CBMC College Scholarship Application DEADLINE: Application and mp3 or dvd must be RECEIVED by THE CBMC by April 1, 2018

Applicant's Name:		Date of Birth:Age:		
Street Address:	City:	City:Zip		
E-mail:	Home Phone: ( )	Cell: (	)	
High School attended:		Instrument:		
Teacher:	Total # years of lessons:	# years with pres	ent teacher:	
Teacher email:	Work Phone ( )	Cell:		
Teacher's Signature:				
acknowledging that applicant has	been their student for at least 6 month			
Parent's or Guardian's Name:		email:		
Home Phone:	Cell:			
1	accompaniment in either dvd or mp3 forr			
3				
List music activities, performance	es, awards received through music orga	anizations (ie: Festiva	al, Guild, Contests)	
		····		

List music activities and awards	received at your schoo	<b>:</b>	
List music activities and awards	received in the commu	nity or your church:	
Name of College you plan to atte	end:		
Mailing address of college:			
City:	State:	Zip:	
Major:			Accepted? Yes or No
DEADLINE: Application as	nd mp3 or dvd must	be RECEIVED b	y THE CBMC by April 1, 2018
Mail or hand deliver this ap	oplication and mp3	or dvd to:	
Karen LeGrand, 25 Ridgela	ake Drive, Mary Esth	er, 32569-1659	
(850) 664-6569 KLegrandp	iano@cox.net		