## The Chaminade Music Club of Yonkers



## APPLICATION FOR 2024 CHAMINADE'S MUSIC SCHOLARSHIP AWARDS

NAME OF APPLICANT_				
HOME ADDRESS	<del>-</del>	•,	state	1.
(Applicant must be a residual)	dent of westenester	Co. or spons	ored by a Chaminado	e Club member)
PHONE: Home	Cell Phone_		_ Email	
AGEJUNIOR	SENIOR IN			HIGH SCHOOL
PARENT'S NAME	·			
SPONSOR'S NAM	E (if applicable)			
NAME OF INSTRUMEN	T or TYPE OF VOIC	CE		
NAME OF ACCOMPANI	ST			<u> </u>
PIECES PERFORMED:				
Name, Telephone Number				
c/o Ma	ail filled in applica	tion to char	minade9@optonlir	ne.net by Tuesday

This application may be duplicated

Tarrytown, NY 10591