



**The R. Bruce MacGregor Memorial Scholarship 2020
Presented by The Charlotte Chorale**

Name of applicant: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Applicant's Email: _____

Name of High School: _____

Vocal Part or Instrument: _____ Years of study: _____

Name of School Music Teacher: _____

Private Teacher (if applicable): _____

Musical Achievements (S&E, All-State, Music Festivals/Camps, membership in musical organizations):

Solo literature recently studied or performed:

Title	Composer/Arranger

Academic honors:

Other Honors/Awards/Activities (examples clubs, sports, youth group):

List all colleges/university you are considering:

Name of College	Applied	Auditioned	Accepted
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Area of music you wish to pursue in college:

Performance

Education

Musical Theatre

Sacred Music

Work to be performed at the Audition:

Title: _____ **Composer/Arranger:** _____

Accompanist's Name: _____ **I will need a Chorale Accompanist:** Yes

Student's Signature Date

Parent's Signature Date

Parent's Name: _____

Parent's Phone: _____

Parent's Email: _____

Applications MUST be completed and postmarked NO LATER THAN February 3, 2020.

Send to: The Charlotte Chorale Scholarship Panel

PO Box 494451

Port Charlotte FL 33949-4451

Questions: call 941-204-0033