



**Scholarship Application Form
Young Musicians Program**

Please mail your completed application materials to: **P.O Box 185 Bangor, ME 04402**

Application Date: ___/___/___ Desired Scholarship Start Date & Amount: ___/___/___ \$___

Applicant's First Name: _____ Last Name: _____

Street/Mailing Address: _____ City: _____ ZIP _____

Applicant's Phone: _____

Date of Birth (MM/DD/YYYY): ___/___/___ Gender: M___F___ Grade: _____

School: _____

Music Teacher: _____ Phone: _____

Parent/Guardian Name(s): _____ and/or _____

How did you hear about The Gifts of Music? _____

Have you previously applied for The Gifts of Music Scholarship? YES NO (circle one)

If YES what year? _____

What is your primary instrument? _____

We affirm that all information presented on this application is true and correct:

_____	_____
<i>Student Signature</i>	<i>Date</i>
_____	_____
<i>Parent/Guardian Signature</i>	<i>Date</i>
_____	_____
<i>Music Instructor's Signature</i>	<i>Date</i>

NOTE:

Please print the Instructor-Student Recommendation form and ask your instructor of choice to complete it and send it in with your application.

Applications will not be considered complete without an instructor recommendation form.

We recommend including a stamped & pre-addressed envelope.



Instructor Recommendation Form

Name of Applicant: _____

Name of Instructor: _____

Instructor's Mailing Address:

Instructor's Phone(s): _____ (home)
_____ (cell)

Instructor's E-mail: _____ or

Course of Applicant's Instruction:

Please, rate the student on the following criteria by circling the number that best describes him/her.

Musical Aptitude

Excellent 1	2	Fair 3	4	Poor 5	Not Acceptable N/A
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Self-Discipline & Perseverance

Excellent 1	2	Fair 3	4	Poor 5	Not Acceptable N/A
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Willingness to Listen & Learn

Excellent 1	2	Fair 3	4	Poor 5	Not Acceptable N/A
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Overall Character & Maturity

Excellent 1	2	Fair 3	4	Poor 5	Not Acceptable N/A
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Please note any additional information below to provide The Gifts of Music Scholarship application review committee with any additional information and insight about the applicant, pertinent to our consideration. After completing this form, please, mail it to the address below. Thank you for your time and your commitment to musical students and their instruction!

Instructor's Signature _____ Date _____

The Gifts of Music – **P.O Box 185 Bangor, ME 04402**