

**VOCAL APPLICATION DEADLINE      OCTOBER 10, 2011**

**INSTRUMENTAL APPLICATION DEADLINE      FEBRUARY 10, 2012**

**MUSICHORALE SCHOLARSHIP APPLICATION**

Send \$25.00 check made payable to **Musichorale Scholarship Fund** with application to:

Mrs. Sarah Koehler  
Chairman, Scholarship Contest  
9614 S. Tulley  
Oak Lawn, IL. 60453

Full Name (Please Print) \_\_\_\_\_  
(First) (Last)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex M F

**APPLICANT E-MAIL ADDRESS** \_\_\_\_\_

**PARENT E-MAIL ADDRESS** \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
(Name of School)

**INSTRUMENTAL CONTEST**

Instrument: \_\_\_\_\_ Years of lessons \_\_\_\_\_

School where lessons were/are taken: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**VOCAL CONTEST**

School where lessons were/are taken \_\_\_\_\_ Years of lessons \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**MUSICHORALE SCHOLARSHIP APPLICATION**

Where did you hear about this contest?    Cable    Newspaper    Radio    School    Teacher    Other

What was the name of the above? \_\_\_\_\_

Have you ever entered the Musichorale Scholarship Contest before?    Yes    No

Music affiliation and/or experience \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (Student)

\_\_\_\_\_  
Signature (Parent)