

MOUNT VERNON MUSIC – BETTY WHITLOCK SCHOLARSHIP
APPLICATION FORM

Student Information

Name _____

Mailing address _____ City/State/Zip _____

Contact Phone _____ Email _____

School _____ City _____ Grade _____ Age _____

Instrument _____ Years of Music Study _____

Current Music Affiliations (band, choir, student affiliate, youth strings, other instrument, etc.):

Future Goals, Career Dreams: _____

How will you use the scholarship funds? _____

If selected to perform at an MVM concert, the piece you intend to perform is:

_____ (include mvmt or opus #)

Composer _____ Approximate length of piece _____

Accompanist Name _____

How did you hear about this scholarship award? _____

Parent Information

Parent's Name _____

Mailing Address _____

Contact phone number _____ Email _____

Music Teacher Information (Teacher should not be related to the applicant.)

Private Music Teacher Name _____

Music Teacher Address _____

Phone Number _____ Email _____

Parent/Guardian signature (if student is under 18) _____

Student signature

I have read the instructions for completing this application, and I certify that I am eligible and qualified to apply for this scholarship.

I understand that in order to receive my scholarship award I will perform at an MVM event. (Concert dates are April 14, June 1 and June 10, 2019.)
