

2010 ATLANTA FEDERATION OF MUSICIANS LOCAL 148-462 SCHOLARSHIP APPLICATION

Applicant Name

Date of Birth

Home Address

Soc. Sec. #:

Email address:

Phone:

Name of College you will attend

What degree are you seeking

What major

What instrument do you play

Please describe your educational and career goals:

What is/are your favorite piece(s) to perform? Why?

Please provide a short biography of your accomplishments:

By signing this application, I certify that the information submitted is truthful and accurate. I further acknowledge that any scholarship award I receive will be used solely for the purpose of tuition to the institution listed above and/or for other educational-related expenses according to regulations of Internal Revenue Service.

Applicant's signature

date

The following information *must* be submitted with your application:

- ♣ A letter of acceptance from an accredited college music program
- ♣ A letter of recommendation from a music teacher, principal, or counselor

If you have not received a confirmation letter by May 10, 2010, please contact our office.

Return this application and materials by May 3, 2010 to:

Shellee Minella, AFM Scholarship Fund; Atlanta Federation of Musicians; 551 Dutch Valley Road NE;
Atlanta, GA 30324; office@atlantamusicians.com; phone 404-873-2033; fax 404-873-0019

*Application materials must be received by May 3, 2010
Auditions held **Saturday, May 15, 2010**; specific audition times will be assigned.*