Pauline Groff Music Scholarship Endowment Fund

Application Form

NAME				
ADDRESS Street Cit	ty	State	Zip	
PHONE:				
cell	Per	Permanent residence phone		
EMAIL ADDRESS:				
INSTRUMENT	DATE	DATE OF BIRTH		
CURRENT SCHOOL (if applicable)			GRADE_	
LIST THE NUMBER OF YEARS YOU PARTICIPA JUNIOR FESTIVAL AND/OR MMTA STUDENT A				
SCHOOL OF MUSIC CURRENTLY ATTENDING:	:		Year:	
SCHOOL OF MUSIC APPLIED TO:				
HAVE YOU RECEIVED AN ACCEPTANCE LETT	ER?			
PRIVATE TEACHER (PRE-COLLEGE)				
YEARS OF STUDY WITH MOST RECENT PRE-C	OLLEGE TE	EACHER		
Accompanist Name:	(If applic	eable)		
1. Composition Title		Composer		
2. Composition Title		Composer		
3. Composition Title		Composer		
Are you requesting a live audition? (circle one	Yes	No		
Will you be sending a recorded performance?	Yes	No		
(Applicant is responsible for meeting all of the Eligibility	yRequirement	s as posted and to fi	ll out the Applic	

Questions may be directed to Ruth Fry, 810-989-9516 <u>ruthefry@sbcglobal.net</u> or Marcia Collins, 810.984.8046 <u>marciadcollins@gmail.com</u>.

Questionnaire, both posted on the website.)