



# Charlottesville Albemarle

## A G O

### APPLICATION FOR ORGAN SCHOLARCHIP AWARD

#### APPLICANT

Name (please print) \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_ School Year Completed \_\_\_\_\_

Number of years piano/organ experience: \_\_\_\_\_ yrs.

Church affiliation: \_\_\_\_\_

Successful applicant agrees to attend lessons, practice conscientiously and participate in required performance.

Use this space for a short discussion of your interest in the organ and why this award would be helpful.

Signature of Applicant: \_\_\_\_\_



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## AGO

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#### TEACHER

I recommend \_\_\_\_\_ for this AGO Scholarship to study organ.

Length of current lessons: \_\_\_\_\_ Number per academic year \_\_\_\_\_

Level of study \_\_\_\_\_

Give a brief assessment of the applicant's musical ability, practice record and progress. State why this applicant deserves financial assistance.

Teacher's name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_