

# Timberview Band Parents



## SCHOLARSHIP APPLICATION

### PERSONAL INFORMATION

Instrument:

Name:

Phone:

E-mail:

Address:

City:

State:

ZIP Code:

Graduation Date:

Band:

GPA:

SAT:

ACT:

### COLLEGE INFORMATION

Accredited University Name:

Address:

City:

State:

ZIP Code:

Telephone:

Fax:

Web Site:

Matriculation Date:

Major:

### REFERENCES (AT LEAST ONE MUST BE A TEACHER)

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

### AGREEMENT

1. All letters of reference must be received by the due date – May 1, 2007
2. All grade and testing information will be verified with the school.

### SIGNATURES

Student:

Date:

Parent / Guardian:

Date: