



MUSIC SCHOLARSHIP APPLICATION

NAME _____

ADDRESS _____

PHONE _____

AGE _____

SCHOOL _____

INSTRUMENT _____

TEACHER _____

LESSONS _____

BEGINNING DATE _____

TEACHER PHONE _____

SIGNATURE _____

These scholarships will include:

- Any qualified music teacher
- Any school music teacher
- Lessons from teacher affiliated with "Rock ★ U"



Please return completed and signed forms to Carol Wiercinski 2005 Pine Hollow Blvd Apt A Hermitage PA 16148 or trestock8@gmail.com

