www.HendricksSymphony.org

Scholarship Application Form

Please print all information:

Instrument/Voice _____

Personal information

First name: _____ Last Name: _____

Full name as it should appear in a program (if different from above):

_____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Home Email: _____

Mobile Phone: _____ School Email: _____

I give permission for Hendricks Symphony to use my image on publicity and marketing materials, which include Facebook, Newspapers, Magazines, Concert Programs, and Brochures.

☐ Yes *(Parent's Signature required if a minor:* _____*)*

☐ No

Preferred method contact:

☐ Home Phone ☐ Home Email ☐ Mobile Phone ☐ School Email

High school or college attending: _____

Grade Level: _____ Area of study/degree: Major _____ Minor _____

Musical information

How long have you: Sung or played?_____ Studied privately? _____

Teacher's name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone _____

Other musical experience _____

(Use reverse side for additional information about your musical background and experience.)

Title of audition piece _____ Composer _____

Please send application to:

Hendricks Symphony Scholarship Program
200 W Main St
Plainfield, IN 46168