PAULINE GROFF MUSIC AWARD

Application Questionnaire

Name:			
Length of Study	School Grade Point Average Performing Groups		
Band or Choir			
	Years of Study		
Other former teachers:	Years of Study		
	Years of Study		
Church and/or community involv	vement:		
Music Camps or Seminars you h	ave attended:		
Name of Camp:	Year attended:		
Name of Camp:	Year attended:		
List your participation in Festiva <u>Festival</u>	I and/or Student Achievement Testing and ratings: Student Achievement Testing		
Yr: Rating	Yr: Rating		
List any scholarship awards you	have received:		
List major repertoire studied with	hin the past two years:		

Pauline Groff Music Scholarship Endowment Fund

Application Form

NAME			
ADDRESS Street	City	State	Zip
ADDRESS Street	City	State	Zīp
PHONE:			
cell	Permanent residence phone		
EMAIL ADDRESS:			
INSTRUMENT	DATE OF BIRTH		
CURRENT SCHOOL (if applicable)			GRADE
LIST THE NUMBER OF YEARS YOU PARTICI JUNIOR FESTIVAL, MMTA STUDENT ACHIE AND/OR MSVMA SOLO AND ENSEMBLE	VEMENT TES		LO AND ENSEMBLE,
SCHOOL OF MUSIC CURRENTLY ATTENDIN	\G:		Year:
SCHOOL OF MUSIC APPLIED TO:			
HAVE YOU RECEIVED AN ACCEPTANCE LE	TTER?		
PRIVATE TEACHER (PRE-COLLEGE)			
YEARS OF STUDY WITH MOST RECENT PRE	E-COLLEGE T	EACHER	
Accompanist Name:	(If appl	icable)	
1. Composition Title		Composer	
2. Composition Title		Composer	
3. Composition Title		Composer	
Are you requesting a live audition? (circle o	one) Yes	No	
Will you be sending a recorded performance	? Yes	No	

(Applicant is responsible for meeting all of the Eligibility Requirements as posted and to fill out the Applicant Form and Questionnaire, both posted on the website.)

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