LOUISE STRYKER MUSIC SCHOLARSHIP

This fund was established to assist young people through age 21 who have expressed an interest in and aptitude for music. The scholarship amounts will vary from year to year, depending on the performance of the portfolio, the availability of investment income and the number and need of the applicants. Awards will be given to members and/or regular attendees of First Church. Awards will be given for camps, classes and lessons (not instruments). Recipients will be selected by the First Church Scholarship Committee and checks will be made payable to the teacher/organization providing the class/lesson/or camp.

Deadline to submit completed application is: Thursday, April 25 at 3:30 PM.



| BASIC INFORMATION | |
|-------------------------|---------------|
| FULL NAME: | AGE: |
| ADDRESS: | |
| CITY: | STATE: ZIP: |
| HOME PHONE: | |
| EMAIL ADDRESS: | |
| SCHOOL GRADE: | SCHOOL NAME: |
| | |
| MUSICAL INVOLVEMENT | |
| MUSICAL INTERESTS: | |
| | |
| MUSICAL EXPERIENCE: | |
| NAME OF INSTRUMENT: | YEARS PLAYED: |
| | |
| | |
| | |
| FIRST CHURCH MUSICAL | |
| MINISTRY INVOLVEMENT: | |
| | |
| SCHOLARSHIP INFORMATION | N |
| | <u>-</u> |
| AMOUNT REQUESTED (\$): | |

PLEASE SUMMARIZE YOUR REASONS FOR APPLYING FOR THIS SCHOLARSHIP IN PARAGRAPH FORM ON THE BACK OF THIS APPLICATION.



REFERENCES

Please list two references (people who are not related to you by blood or marriage) and provide complete information for each. Information obtained through references will be kept confidential.

| REFERENCE 1 | | | |
|----------------|-------------|--|--|
| FULL NAME: | | | |
| ADDRESS: | | | |
| CITY: | | | |
| HOME PHONE: | CELL PHONE: | | |
| EMAIL ADDRESS: | | | |
| | | | |
| | | | |
| REFERENCE 2 | | | |
| FULL NAME: | | | |
| ADDRESS: | | | |
| CITY: | | | |
| HOME PHONE: | CELL PHONE: | | |
| EMAIL ADDRESS: | | | |
| | | | |
| | | | |

----- SPACE FOR SCHOLARSHIP ESSAY ------