

APPLICATION

MOKE C. OWENS / FIRST CHRISTIAN CHURCH
MUSIC SCHOLARSHIP

I. ELIGIBILITY:

- A. Applicant must be a high school senior or any resident of the Paris community.
- B. Award is to be used at a recognized institution of higher learning.
- C. Award will be based on information given in this application and the two people given as references.
- D. You must return this form in a sealed envelope to: The Scholarship Committee, First Christian Church, 201 S. Main St., Paris, IL 61944 by April 15. The recipient will be chosen and notified by May 1.
- E. This is a one-year scholarship in the amount of \$500.00.

II. GENERAL INFORMATION:

- A. Applicant's Name _____
- B. Address _____
- C. Date of Birth _____ Phone # _____
- D. Parent/Guardian names _____
- E. School currently attending/year _____
or current employment/how long? _____
- F. School or institution you plan to attend _____
- G. Major/minor or training sought _____
- H. State your reasons for entering into this course of musical study. (You may wish to attach an additional sheet for further explanation.) _____

- I. How do you envision using music in your life? (Attach additional sheet if needed)

- J. Why are you planning/have you chosen music as your future profession? _____

K. List musical accomplishments, awards, etc. _____

L. Explain your financial need and how this scholarship will aid you: _____

M. Please give us any further information about your plans and dreams as a musician:

N. Please list two (2) persons and their positions (who are not related to you) as references who can recommend you based on their knowledge of your musical aptitude. Then give each a recommendation form to send in.

1. _____
2. _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Applicant's Signature _____

Date _____

RECOMMENDATION FORM

MOKE C. OWENS/FIRST CHRISTIAN CHURCH
MUSIC SCHOLARSHIP

Applicant's Name _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

How would you describe the applicant's musical aptitude? _____

How do you feel the applicant will use his/her musical aptitude for the benefit of others? Please explain. _____

How do you feel the applicant's proposed course of musical study would be appropriate and beneficial to the applicant? _____

Your signature _____ Phone _____

Address _____

Note: Please return this form in a sealed envelope by April 15th to: The Scholarship Committee, First Christian Church, 201 S. Main St., Paris, IL 61944.

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