

TOURNAMENT OF BANDS CHAPTER 4
2009 SCHOLARSHIP APPLICATION FORM

Applicant's Name: _____

Address: _____

Phone Number: _____

Parent's Name: _____

Name of School: _____ Chapter _____

School Address: _____

School Phone: _____

Director's Name: _____

Director's Phone: _____ School: _____ Home: _____

No. Years HS Band Member: _____

What Capacity? _____

Offices Held?: _____

Honors Won: _____

Other Information you want to include (use additional sheet if needed): _____

Do You Plan To Continue Higher Education after HS?: (Yes / No)

If chosen As Recipient of Scholarship, How will you use It?: _____

Explain in 150 Words or less, how being a performer in a HS band, which is a member of TOB, has enriched your life: _____

Student signature: _____

Date _____

TOB 4 DEADLINE OCTOBER 15, 2009

Jeffrey Dent, 601 Thompson Street, Jersey Shore, PA, 17740

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