



Barbara Knight Memorial Scholarship

APPLICATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

SCHOOL: _____

HIGH SCHOOL PRIMARY MUSIC TEACHER: _____

PHONE: _____ E-MAIL: _____

PRIVATE LESSON TEACHER: _____

PHONE: _____ E-MAIL: _____

NAME OF COLLEGE(S) YOU HAVE APPLIED OR BEEN ACCEPTED TO: _____

PLEASE SUBMIT:

1. This completed application form.
2. A list of school ensembles (and years) and/or other musical activities in which you have participated.
3. Personal letter from applicant answering: What motivated your decision to major in music?
4. Two letters of recommendation: one must be from your high school music teacher.

Incomplete applications will not be considered.

DEADLINE: RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTS THROUGH U.S. MAIL, TO BE RECEIVED BY APRIL 6, 2018. MAIL TO:

Kathy Jacobsen

195 Falmouth Road, Unit 14D

Mashpee, MA 02649