

Mail to Winnebagoland Barbershop Chorus

W-8499 County Rd. N

VanDyne, Wi 54979

Thank You Let me know

<https://www.barbershopsingers.org/contact-us.html>

APPLICATION FOR POST HIGH SCHOOL STUDENTS for a WINNEBAGOLAND BARBERSHOP CHORUS SCHOLARSHIP Oshkosh, Wisconsin

Name _____ Date of Application _____

_____ Home Address _____

_____ Parent's/Guardian's Name _____

_____ Phone Number _____

Email: _____

ALL APPLICANTS MUST BE RESIDENTS OF THE BERLIN, FOND DU LAC, LACONIA, MARKESAN, MENASHA, NEENAH, OMRO, OSHKOSH, RIPON, WAUTOMA OR WINNECONNE DISTRICTS AND/OR A GRADUATE OF HIGH SCHOOLS LOCATED IN THOSE DISTRICTS AND BE A FULL-TIME STUDENT ENROLLED IN UNDERGRADUATE MUSIC EDUCATION STUDY.

Complete this form and mail no later than April 13, 2020 (confirmed by postmark), with your most recent OFFICIAL TRANSCRIPT (not a grade report or progress report), which can be obtained from the Records Department of your school to: Winnebagoland Barbershop Chorus, 1060 South Westhaven Drive, Oshkosh, WI 54904. Failure to include your official transcript will disqualify your application.

Name of High School and year of completion _____

Name of College/University you _____

will be attending _____ List your _____

extracurricular activities since you have been in high school _____

Have you already been awarded other scholarships for the coming year, and if so, by whom? _____

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If you prefer, you may attach your responses on a separate sheet. You are one of many applicants. Explain why you should be a recipient.

Write a short essay describing some of your education goals and future plans. _____