

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, 2018** (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? _____

