

PARKER COUNTY MUSIC CO.

The Dr. Joseph H. Allison Scholarship Award APPLICATION FOR SCHOLARSHIP

SCHOLARSHIP CANDIDATE:

- Name:
- Date of Birth:
- Address
- Phone Number:
- Email Address:
- High School:
- GPA:

Essay Section:

In 400-600 words, please share your personal journey with music and how it has helped shape your experiences, challenges and rewards. Discuss how you plan to continue to pursue music in the future.

Additional Information:

MUSIC Experience:

Organization/Program Name(s):

How long have you been involved?

Skills Developed:

Career Aspirations:

Education Plans:

Please list where you are attending college or university this coming fall and what you plan to study.

Recommendation Letters:

Please submit two recommendation letters. One should be from a teacher, counselor, or school administrator, and the other from an individual who can speak to your experiences in music, such as a supervisor from the organization or program you have worked with.

Additional Information:

Any other information or achievements you would like to share that demonstrate your commitment to music?

By signing below, I certify that the information provided is accurate and complete to the best of my knowledge. I understand that submitting this application grants the scholarship committee permission to review my qualifications and determine my eligibility for the Dr. Joseph H. Allison Scholarship Award.

Printed Name: _____

Signature: _____

Today's Date: _____

Submit your completed application to parkercountymusic@yahoo.com by the application deadline; May 10th.

Incomplete applications will not be considered.

The recipient of the scholarship will be notified by June 15th.