

BAKER MUSIC BOOSTER SCHOLARSHIP APPLICATION

LAST NAME OF APPLICANT: _____

FIRST NAME OF APPLICANT: _____

MAILING ADDRESS OF APPLICANT: _____

BAKER MONTANA 59313

DATE APPLICATION RECEIVED: (M)_____/ (D)_____/ (Y)_____

TIME:_____

DEAR SCHOLARSHIP SELECTION COMMITTEE:

I AM APPLYING FOR THE BAKER SPARTAN MUSIC BOOSTER SCHOLARSHIP

I AM A STUDENT AT BAKER HIGH SCHOOL FOR # _____ YEARS.

I AM A PARTICIPATING BAND STUDENT FOR # _____ YEARS.

I AM A PARTICIPATING CHOIR STUDENT FOR # _____ YEARS.

I PLAN ON CONTINUING MY MUSICAL EDUCATION BEYOND HIGH SCHOOL
____YES ____ NO

THE ABOVE QUESTIONS WILL BE USED TO DETERMINE RECIPIENTS OF THE
SCHOLARSHIP AND AMOUNTS AWARDED

AMOUNTS OF SCHOLARSHIPS WILL BE DEPENDENT ON THE NUMBER OF
APPLICATIONS RECEIVED AND THE NUMBER OF YEAR(S) APPLICANT HAS
PARTICIPATED IN THE BAKER MUSIC PROGRAMS.

YOU WILL BE NOTIFIED BY MAIL WHEN THE SCHOLARSHIP IS AWARDED WITH
FURTHER INSTRUCTIONS ON HOW TO COLLECT YOUR SCHOLARSHIP
MONIES.

THANK YOU FOR YOUR APPLICATION FOR THIS SCHOLARSHIP.

BAKER SPARTAN MUSIC BOOSTERS