

Please return completed form to the Guidance Counselor by April 15.

BROWN MEMORIAL SCHOLARSHIP

Scholarship Application

NAME: _____

ADDRESS: _____

BIRTH DATE: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

1. Name of college or post-secondary you are planning to attend.

Planned Major _____

2. Did you participate in band or choir during high school? (circle one) Yes No
(If so, please complete the rest of part 2 below. If not, then go to part. 3.)

Years in band _____ Years in choir _____

3. Have you participated in music in any other way, such as community or church? Yes No
If so, please list below.

4. List organizations and activities you participated in during high school and list any awards you received.

5. List three goals that you would like to achieve in the next 10 years.

