



Music Education Scholarship Application Form

**ALABAMA VOCAL ASSOCIATION**

PLEASE TYPE OR PRINT

School \_\_\_\_\_ Phone \_\_\_\_\_ District \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Fax (     ) \_\_\_\_\_ Email Address \_\_\_\_\_

Director \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_ Email Address \_\_\_\_\_

**Name (s) of Student (s) Interviewing for Music Education Scholarship**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Date \_\_\_\_\_ Choral Director's Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_

**Director:** Mail this form and a copy of MENC card to District Chairman postmarked 4 weeks prior to interview. Bring 2 copies of resume to district interview. Please refer to Procedure Page P – 8 for further instructions.