



P.O. Box 148
Scituate, MA 02066

William T. Adams Memorial Scholarship

APPLICATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

SCHOOL: _____

HIGH SCHOOL PRIMARY MUSIC TEACHER: _____

PHONE: _____ E-MAIL: _____

PRIVATE LESSON TEACHER: _____

PHONE: _____ E-MAIL: _____

PLEASE SUBMIT:

1. This completed application form.
2. A list of school ensembles (and years) and other musical activities in which you have participated
3. Personal letter from applicant answering: "How do you envision your career after college?"
4. 2 letters of recommendation: one must be from your high school music teacher.
5. Copy of your high school transcript
6. Copy of college's offer of admission letter

Incomplete applications will not be considered:

DEADLINE: RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTS through US MAIL, to be received by April 3rd, 2017.

Scholarship Committee
Choral Art Society
P.O. Box 148
Scituate, MA 02066