|  |  |
| --- | --- |
| Delta Omicron International Music Fraternity Summer Music Scholarship Application |  |

## CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Street Address |  | City |  |
| State |  | Zip Code |  |
| Telephone |  | E-mail |  |

## MEMBERSHIP INFORMATION

|  |  |
| --- | --- |
| Chapter (present affiliation) |  |
| Chapter into which initiated |  |
| DO National Number |  |
| DO Life Membership Number |  |
| Name at Initiation (if different than above) |  |

## SCHOLARSHIPS FOR WHICH YOU WISH TO BE CONSIDERED

### Please consult the current scholarship list on the Delta Omicron website for eligibility requirements and limitations.

|  |  |
| --- | --- |
| **Lorena Creamer McClure Memorial Scholarship** | **Jane Wiley Kuckuk Open Scholarship** |
| **Mabel Dunn Hopkins Memorial Scholarship** | **Dr. Kay Calfee Wideman Scholarship** |
| **Hazel Wilson Bowsman Memorial Scholarship** | **Thelma Kenison/Helen Aue Scholarship** |
| **Mae Chenoweth Grannis Memorial Scholarship** | **Ann Anthony Jones Choral/Vocal Scholarship** |
| **Delta Omicron Open Scholarship** | **Dorothy Mazzulla Clark Memorial Scholarship** |

## PROGRAM INFORMATION

### How is the scholarship to be used?

|  |  |  |
| --- | --- | --- |
| Workshop/Program **Name** |  | |
| **Type** of Workshop/Program |  | |
| Workshop/Program **Website** |  | |
| Workshop/Program **Contact** |  | |
| Workshop/Program **Dates** |  | |
| Workshop/Program **Location** |  | |
| Were you selected by application or audition? | |  |

## PROGRAM COSTS

|  |  |  |  |
| --- | --- | --- | --- |
| Tuition/Registration | $ | Room/Board | $ |
| Travel | $ | Mode of Transportation |  |

## PROGRAM DESCRIPTION and YOUR GOALS

### Summarize the nature of the program and your musical goals this summer.

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| --- |
|  |

## MUSIC BACKGROUND

|  |  |
| --- | --- |
| Primary Instrument/Voice Type |  |
| Secondary Instrument/Voice Type |  |
| Pre-College Years of Study |  |
| College/University Years of Study |  |
| Post Graduate Years of Study |  |

## REFERENCES

### Collegiate applicants may use two teachers in the field of music.

**1**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Street Address |  | City |  |
| State |  | Zip Code |  |
| Telephone |  | E-mail |  |

**2**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Street Address |  | City |  |
| State |  | Zip Code |  |
| Telephone |  | E-mail |  |

|  |  |
| --- | --- |
| COLLEGIATE APPLICANT PAGE 3 |  |

## SUMMER CONTACT INFORMATION (if different from above)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates Effective From: | |  | To: |  |
| Street Address |  | | City |  |
| State |  | | Zip Code |  |
| Telephone |  | | E-mail |  |

## OTHER SCHOLARSHIPS, AWARDS AND/OR HONORS RECEIVED

### List and describe briefly.

|  |
| --- |
|  |

## PERFORMANCE EXPERIENCE

### Solo or ensemble. (Including private teaching, church positions, etc.)

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| --- |
|  |

## Agreement

### By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that any false statements, omissions, or other misrepresentations made by me may result in revocation of any scholarship.

|  |  |
| --- | --- |
| Name |  |
| Date |  |

Complete form, save as SumSch\_YOURLASTNAME.docx and send as email attachment to:

dbaxter212@msn.com