

# MYRTLE SUCKOW COLLEGE SCHOLARSHIP APPLICATION

*Application to be submitted to NSMTA President by May 1<sup>st</sup>*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_

TRANSCRIPT ATTACHED:  YES  NO      TEACHER RECOMMENDATION ATTACHED:  YES  NO

TEACHERS STUDIED WITH: \_\_\_\_\_ YEARS STUDIED: \_\_\_\_\_

COLLEGE TO BE ATTENDED: \_\_\_\_\_

INTENDED MAJOR: \_\_\_\_\_

EXTRACURRICULAR & MUSIC ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUDITION SELECTIONS if applicable:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_