

Application for Organ Lesson Scholarship date: _____
Church Organ Lesson Scholarship Fund, St. Andrew Lutheran Church Foundation

Student's Name _____ Telephone _____

Address _____

Email _____ (An interview will be scheduled.)

Parent/Guardian's Name _____ Telephone _____

Address _____

Email _____

Age of student _____ Current school grade _____

Number of years studying Piano _____ Organ _____

Other instruments studied _____ Number of years _____

Commitment statement from student: As an organ student I agree to practice, to attend lessons, and to notify the teacher in advance before missing a lesson. I understand that if I fail to honor the terms of the scholarship, then the lessons may be terminated at the teacher's discretion after consultation with the Scholarship Committee.

Signature of Student _____

Commitment statement by Parent/Guardian (if student is under 18): I promise to support and encourage my student's study of organ.

Signature of Parent/Guardian _____

Recommendation by current piano or organ teacher: I recommend the above-named student for consideration for a Church Organ Lesson scholarship.

Signature of Teacher _____ Telephone _____

Printed name of Teacher _____

Send the completed application to Judy Scholz, Church Organ Lesson Scholarship Committee, St. Andrew Lutheran Church Foundation, 12405 SW Butner Road, Beaverton, OR 97005 by **May 16, 2017.**