

AMERICAN GUILD OF ORGANISTS

Eugene Chapter ~ 1313 Lincoln St., Apt. 404 ~ Eugene, OR 97401-3925

ORGAN SCHOLARSHIP APPLICATION

The Eugene Chapter Special Projects Advisory Committee (SPAC) invites applications for scholarships to assist with the expenses of organ study. The awards are for pre-college students and enrollees in a college or university located in Region VIII of the AGO. Students who have not started the study of organ may also be considered for scholarships. The prospective teacher must sign this application form to verify that the teacher will accept the applicant as an organ student. SPAC reserves the right to withhold any award.

Application requirements: (a) an unedited tape cassette or CD of two pieces in contrasting style on piano or organ; (b) two letters of recommendation; and (c) this application form completed. Additional pages of information may be attached.

Applications should be submitted to the above address before October 15th or April 15th. The awards, up to \$600.00 for college and university instruction and \$300.00 for pre-college, are good for one year.

Name _____

School Name _____

Address (Circle one: Home/School) _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____

Email _____

I. MUSIC EDUCATION:

A. Pre-college — give school and grade; College level — degrees obtained or sought

B. Years of study — Indicate whether piano or organ and the teacher(s):

C. The name and phone number of the organ teacher with whom you will be studying:

II. MUSICAL EXPERIENCE:

Describe your school, church, or synagogue music activities. (Choirs, ensembles, accompanying, other instruments played, awards, etc.)

III. GOALS AND ASPIRATIONS:

What are your goals and aspirations as an organist or in studying the organ? How would the Eugene AGO Scholarship assist you in organ studies and musical career goals?

IV. SUMMARY OF ESTIMATED EXPENSES:

A. Private Study:

Lesson fees _____

Music/Books _____

TOTAL _____

B. College or University:

Tuition _____

Music/Books _____

Other fees _____

TOTAL _____

C. Additional sources of funding:

Earnings _____

Other scholarships _____

Other _____

TOTAL _____

V. CERTIFICATION:

I certify that the information contained in this application and any attachments is true and correct to the best of my knowledge.

Applicant's signature _____ Date _____

Instructor's signature _____ Date _____