



Frank Chesebro Memorial Scholarship APPLICATION FORM

Date _____

Applicants Name _____ Date of Birth _____

Address _____ Email _____

_____ Phone _____

College/Conservatory you plan to attend _____

Field of Study (e.g. Music Ed, Performance) _____

Main Instrument _____ Number of Years Studied _____

Additional Instrument _____ Number of Years Studied _____

Music Activities in School and Community _____

Music Activities in LVMTA _____

Awards/Performances _____

Repertoire you will perform at Scholarship Audition: (Please list the complete title inc. Opus, K, BMV, Hob., etc. and check which piece you wish to perform first.)

✓	COMPOSITION	COMPOSER	TIME

I attest that to the best of my knowledge the above information is accurate.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Teacher's Signature _____ Date _____

Three letters of recommendation, an essay, and repertoire list must be included with this application form. Mail or hand deliver all to the Frank Chesebro Scholarship Chairperson.

Consult the LVMTA website at www.lvpmta.org to find the chairperson's contact information, application deadline, audition date, time, and location.

NO LATE APPLICATIONS WILL BE ACCEPTED.