

Clearwater AGO Scholarship Application

Date _____ Name of Applicant _____

Address _____

Phone _____ Email _____

Name of Parent or Guardian _____

Name of Teacher _____

Address _____

Phone _____ Email _____

of Lessons _____

Charge per lesson _____

Length/frequency of lesson _____

TOTAL cost _____

Amount of scholarship requested _____

Scholarships are awarded on an individual basis according to need. Recipients of scholarships should be prepared to perform at one Clearwater Chapter of the American Guild of Organists function per scholarship awarded.

For AGO Board use:

Date paid _____ Amount _____

Check # _____ Fund _____