



Music Revitalization Project, Inc. Music Scholarship Award

Date _____

Student Name _____

Address _____

Phone _____

High School _____

Address _____

Phone _____

Name of College _____

Address _____

Phone _____

Major Pursuing _____

Primary Instrument _____

Please submit the following information with this application:

1. Copy of High School Transcripts
2. Letter of recommendation from band director and/or private instructor.
3. Write or type on a separate page a brief description about yourself and why you should be considered for this award.

Signature of applicant _____

Please send to: Music Revitalization Project, Inc.
Scholarship Committee
P.O. Box 709
Norton, MA 02766

DEADLINE: APPLICATIONS MUST BE RECEIVED ON OR BEFORE _____.