



WDCHOF SCHOLARSHIP APPLICATION

FIRST TIME
 (I did not receive a scholarship previously)

RETURNING APPLICANT
 (I did receive a scholarship in a previous year.)

Name: _____

(Last)
(First)
(Middle)

Address: _____

City: _____ ST: _____ ZIP: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

WDCHOF Member : _____

Email: _____ Phone No: _____

Mailing Address _____

Cell Phone no. _____

DUE DATE: September 1

APPLICANT NAME: _____

SECONDARY SCHOOLS/College Attended or Attending:

Date(s)	Name of School	City & State
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all School & Community Activities – *(Attach a separate sheet attached to this form if necessary)*

List all Musical Experience including Drum Corps and Band – *(Attach a separate sheet attached to this form if necessary)*

Organization/Group	Years	Involvement	Instruments Played
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE – Include part-time during school year and seasonal/summer employment

Employment	Year	Hrs/Wks
_____	_____	_____
Employment	Year	Hrs/Wks
_____	_____	_____
Employment	Year	Hrs/Wks
_____	_____	_____

DUE DATE: September 1

APPLICANT NAME: _____

EDUCATIONAL PLANS

If not presently attending college, complete Section A. (Please indicate which school you plan on attending with asterisks.) If already attending college, complete Section B. Also complete Sections C and D.

A. Schools Applied To	Field of Study	Degree	Anticipated Acceptance Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
B. School Attending	Field of Study	Degree	Anticipated Year of Graduation
_____	_____	_____	_____

C. Drum Corps Participation

D. Band Participation

WDCHOF member statement regarding why this application should be considered: Fill out below or attach a separate sheet. Please include in this statement any information you feel would be relevant. Indicate why you feel your applicant should be granted a scholarship from the WDCHOF.

I authorize the WDCHOF Scholarship Committee and its representatives, to speak the WDCHOF member named in this application regarding its contents for consideration by the Committee.

Signature of Applicant

Print Name

Signature of WDCHOF Member

Print Name

All information received by the Scholarship Committee will be kept strictly confidential.

DUE DATE: September 1

Application Checklist

Application form

- Completed application form. Do not omit any requested information. Make sure you and your WDCHOF sponsor sign the form.
- Print a hard copy and send via US mail to arrive by the deadline.
- Deadline for receipt of the application is September 1.**

Recommendations

- Recommendation from WDCHOF member.
- Recommendation from someone independent of the WDCHOF

Mail application package including application form and the two letters of recommendation to:

***Richard Anderson
26 South Harlan Street
York, PA 17402***

For additional info contact: R. Anderson 717-917-4536 irconductormja@yahoo.com