



Music Scholarship Program

CHORUS SPONSORSHIP FORM

Sponsoring Chorus Name _____

Chorus Contact Person _____

Telephone () _____ E-mail Address _____

Candidate Name _____ Telephone _____

College Candidate Will Attend Next School Year _____

Date Candidate performed with/for your chorus _____

*After having interviewed and heard the above candidate perform,
please evaluate the candidate based on the following attributes.*

Musical Abilities:

Strengths of Character:

Future Goals, re: Music:

Other information about this Candidate that would assist the Evaluators:

Date _____ Signature (On behalf of Your Chorus) _____

Please mail this form, so that it is received by March 1, 2013 to:

AMCA Scholarship Chair
Weldon Wilson
5143 S. 40th Street
St. Cloud, Minnesota 56301

Tel: 320 251 1317

E-mail: scholarships@amcofa-sing.org

Sponsor