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 1st to:

AMCA Scholarship Chair  
Jim Dunnigan  
814 3rd Street NE  
Jamestown, ND 58401

Tel: 701 952-3913  
E-mail: scholarships@amcoa-sing.org

Sponsor