



Community Concert Series @ St. Michael's

Music Scholarship

The Community Concert Series @ St. Michael's will provide a \$1500 college scholarship to a graduating high school senior who is planning to pursue a degree in a music-related field. The applicant must be a resident of Bristol, Warren, Barrington, or Portsmouth, Rhode Island, who has been accepted to an accredited two year or four year college as a full time student. Applications are available in high school guidance offices.

Application Criteria:

Eligible students must submit a completed application form postmarked by May 15 along with the following items:

- Two letters of recommendation, one of which must be from the student's private or high school music teacher.
- Official high school transcripts.
- Financial aid award letter from the college that the student will be attending.

No student may be excluded on the basis of sexual orientation or gender identity, race or color, national or ethnic origin, sex, age, or disability.

Completed applications are to be mailed to:

MaryKae Wright
165 Wood St.
Bristol, RI 02809
wright518@gmail.com
401-253-6084



CCS@SM Music Scholarship

1. Applicant _____
(Last Name) (First Name) (Middle Name)
2. Home Address _____
(Number) (Street) (City) (State & Zip code)
3. Date of Birth ____/____/____
Month Day Year
4. Home telephone number _____ email address _____
5. High school graduating from _____
6. Please list your interests/extracurricular activities, awards, offices held. Indicate 1 for freshman, 2 for sophomore, 3 for junior, and 4 for senior.

7. Please state your long-term goals and why you think music is important.

8. College planning to attend _____ Major _____
9. Please provide the following information:
 - A) College tuition _____
 - B) Room and board _____
 - C) EFC* _____
10. Specify any other financial aid (name and amount) that you have been awarded:

*Expected Family Contribution as reported on the Student Aid Report (SAR), based on the FAFSA.



CCS@SM Music Scholarship

Parent/Guardian Information

1. Name of father or guardian _____

Address _____ Phone number _____

Occupation _____ Employer _____

2. Name of mother or guardian _____

Address _____ Phone number _____

Occupation _____ Employer _____

3. Other Dependents:

Relationship to applicant

Age

A) _____

B) _____

C) _____

D) _____

4. Parent/Guardian, please explain any personal or financial circumstances that may warrant special attention by the awards committee:

By signing below you are certifying that all information provided is true and correct. Any misrepresentation may result in the disqualification or withdrawal of the scholarship award.

Parent/Guardian signature _____ Date _____

Student signature _____ Date _____