



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

Tel: 320 260-1081

E-mail: scholarships@amcofa-sing.org

Sponsor