

MUSIC STUDY CLUB OF THE STROUDSBURGS

A member of Pennsylvania and National Federation of Music Clubs
Founded 1912 Federated 1924

THE SUZANNE AND PAUL ANDERSON MUSIC STUDY CLUB OF THE STROUDSBURGS SCHOLARSHIPS

APPLICATION DUE DATE: APRIL 1, ANNUALLY

REQUIREMENTS FOR ELIGIBILITY

THE SUZANNE AND PAUL ANDERSON MUSIC SCHOLARSHIPS ARE MERIT BASED.
THE MUSIC STUDY CLUB RESERVES THE RIGHT TO NOT AWARD ANY GIVEN
SCHOLARSHIPS IN ANY GIVEN YEAR.

APPLICANTS MUST ATTEND A MONROE COUNTY SCHOOL OR STUDY WITH PRIVATE MUSIC TEACHER IN MONROE COUNTY. COMPLETED APPLICATIONS MUST BE RECEIVED BY EMAIL BY APRIL 1, ANNUALLY, NO EXCEPTIONS. DO NOT SEND ZIPPED FILES; SEND AS DOCUMENTS. Please leave a voice mail message to confirm you have sent in the application: 570-424-8761.

SUMMER MUSIC CAMP SCHOLARSHIP APPLICANTS MUST BE 14 TO 18 YEARS OF AGE. AWARD: \$250. AWARD IS SENT TO THE INSTITUTION.

UNIVERSITY SCHOLARSHIP APPLICANTS MUST BE GRADUATING HIGH SCHOOL SENIORS PLANNING TO MAJOR OR MINOR IN MUSIC WITH A FOCUS ON PERFORMANCE, MUSIC EDUCATION, MUSIC BUSINESS, MUSIC THERAPY, MUSICAL THEATER. THOSE APPLICANTS WHO ARE MAJORING IN MUSIC WILL BE GIVEN FIRST CONSIDERATION. AWARD: \$1000. AWARD IS SENT TO THE INSTITUTION.

WINNERS OF THE COLLEGE SCHOLARSHIP ARE EXPECTED TO PERFORM ONE (1) SELECTION OF THEIR CHOICE, LIMITED TO TEN MINUTES, AT THE MAY CLUB PROGRAM. WINNERS ARE RESPONSIBLE FOR PROVIDING AN ACCOMPANIST, IF NEEDED.

TO BE INCLUDED WITH APPLICATION:

AUDITION PERFORMANCE - 3 CONTRASTING WORKS TO BE POSTED ON
YOUTUBE; LINK PROVIDED; MUSIC TEACHER'S LETTER OF RECOMMENDATION

ACADEMIC LETTER OF RECOMMENDATION

NAME: _____ email: _____

PHONE: _____

ADDRESS:

CHARACTER REFERENCE OUTSIDE THE SCHOOL COMMUNITY

NAME: _____ email: _____

PHONE: _____

ADDRESS:

PLEASE USE THE SPACE BELOW (AND ON THE OTHER SIDE OF THIS SHEET, IF
NEEDED) TO OFFER REASONS (ANY HONORS AND DISTINCTIONS) WARRANTING
SPECIAL CONSIDERATION BY THE SCHOLARSHIP COMMITTEE. THIS IS A MERIT
BASED SCHOLARSHIP AND DOES NOT TAKE INTO CONSIDERATION FINANCIAL
NEED.

SCHOLARSHIP CHOICE:

UNIVERSITY _____ SUMMER MUSIC CAMP _____

Check one and list University or Summer Music Camps to which you are applying. Checks will be made out to and sent to each winner.

APPLICANT'S NAME:

PHONE: _____

ADDRESS:

email: _____

PARENT OR GUARDIAN NAME AND ADDRESS:

CURRENT SCHOOL:

SCHOOL MAILING ADDRESS:

SCHOOL MUSIC TEACHER (BAND DIRECTOR, CHORAL DIRECTOR, ETC.)

MAJOR INSTRUMENT: _____

LENGTH OF TIME STUDIED: _____

PRIVATE MUSIC TEACHER'S NAME: _____

PHONE: _____

ADDRESS: _____

OTHER INSTRUMENTS STUDIED AND/OR MUSIC ACTIVITIES IN WHICH YOU HAVE PARTICIPATED:

COMPLETED APPLICATIONS:

PLEASE SEND COMPLETED APPLICATION, INCLUDING ALL LETTERS OF RECOMMENDATION, AS A WORD DOCUMENT (DO NOT USE A ZIP FILE). PLEASE POST YOUR VIDEO OF YOUR PERFORMANCE (3 CONTRASTING WORKS) ON YOUTUBE AND PROVIDE THAT LINK. FORWARD TO JENDEN@PTD.NET PLEASE CALL AND LEAVE A VOICE MESSAGE SO THAT I CAN CONFIRM RECEIPT OF YOUR APPLICATION 570-424-8761

Contact person: Jenny Collins, scholarship chairperson Stbg. Music Study Club Scholarships
jenden@ptd.net 570-424-8761