

TMTA Whitlock Memorial Scholarship Award Application

Name _____ Birthdate _____
Last First Middle Month Day Year

Address _____
Home Address City State Zip

Telephone Number _____ School Grade _____ SSN _____

Music Teacher _____ Local Assn. _____

Teacher's Telephone Number _____ Teacher's Email _____

Teacher's Address _____
Home Address City State Zip

Date of Application _____

I certify that the information on this application is accurate to the best of my knowledge.

Signature of Music Teacher

Local S.A. Chairman

Home Address

City State Zip

Area Code Telephone Number

Email Address

Any graduating high school senior of a member in good standing of TMTA and MTNA is eligible to enter.

A minimum of **one hundred (100) points** is required to enter. Criteria used to select the winner will include the total number of points accumulated during four years of high school study.

Please list other awards, honors, etc. (Reverse side of application may be used if additional space is needed.)

