**Mercersburg Area Community Band – The Wagner Family Scholarship Award**

**Application**

The scholarship award will be made to a member of the Mercersburg Area Community Band who has been a consistent member of the Band for at least one full summer practice and performance schedule. The award may also be made to a member's close relative provided that the Band member has performed consistently. Award selection will be at the discretion of the Mercersburg Area Community Band and this decision will be final.

The recipient of the award must be enrolled as a full-time student at an accredited degree or technical institution in the United States. The applicant may be an adult beginning or resuming higher education, but not having achieved a bachelor’s degree. An applicant could receive the award a second year if there are no other applicants that year.

***Please enter information into the shaded areas.***

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| Educational Institution |  |
| Class StandingFreshmanSophomoreJuniorSenior |  |
| First time Yes/No |  |

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*When the committee reviews the applications, this page will be folded at the dotted line so the applications can remain anonymous. Please answer the following questions clearly and concisely.*

|  |
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| *Are you a member of MACB and for how long?* |
| *What concerts have you played in prior years and this year* |
| *Are you a close relative of a member of the Band? (State name)* |
| *Briefly list your music related activities in the last two years* |
| *What is your anticipated course of study and relationship to music* |
| *Briefly state why you feel you should be awarded this scholarship.* |

*Please email your filled out document to* *pbeard@supernet.com* *(subject: MACB scholarship) and* ***attach a copy of your official Letter of Acceptance from your college/university/school*** *or hand this document and letter of Acceptance to Pat Beard on or before rehearsal on Wednesday, July 31, 2024, the last date for scholarship consideration.*

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Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_