



**Voices of Tomorrow**  
Scholarship Application (2 pages)

Student Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

What college do you plan to attend? \_\_\_\_\_

Intended field of study: \_\_\_\_\_

Please list musical school activities:

Please list non-musical school activities:

Please list honors, scholarships, or awards you have received:

Please list community interests and activities:

Have you or a relative participated in a Syracuse Chorale concert or event?  
If so, please name the person and event:

Please list three pieces including the composer that you have performed that are particularly meaningful to you and tell us why.

1)

2)

3)

An electronic copy of the application is available at [www.syracusechorale.org](http://www.syracusechorale.org)  
Be sure to enclose all required information with the application.  
The application materials **MUST BE RECEIVED**  
no later than **April 26, 2017**.

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