

# Glen McDonough Memorial Music Scholarship Application

To apply for the Glen McDonough Memorial Music Scholarship, read and fill out all pages and instructions completely. Mail this application in its entirety and your personal letter to:

The Beaver Island Club of Grand Rapids  
9034 Pierce St.  
Zeeland, MI 49464

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Telephone: (____) - ____ - _____
Date of Birth: _____

School Currently attending: \_\_\_\_\_

Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_

Awards and honors (attach list if necessary): \_\_\_\_\_

\_\_\_\_\_

Music Teachers / Private Instructors: \_\_\_\_\_

\_\_\_\_\_

School attending in 2009-2010: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vocals / Instruments played: \_\_\_\_\_

\_\_\_\_\_

Do you own the instrument? (If yes, describe your history with it, how long have you played): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your musical experience: \_\_\_\_\_

\_\_\_\_\_

Describe your musical influences: \_\_\_\_\_

\_\_\_\_\_

References (other than relative):

\_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Contact, mailing and billing information for the Institution / Instructor for which the monies awarded will be used. Without this, the Application will not be considered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please write a personal letter describing your musical aspirations. How will you use this scholarship? In preparing your letter, keep in mind that the scholarship and its amount are awarded based on how it will be used, musical aspirations, and financial need. Consider how you can most effectively convey your best qualities.

Applicants are restricted to those with ancestry and/or formal ties to Beaver Island. This application may be photocopied only if all pages are included and not altered.

**Application MUST be received by October 1, 2010 for consideration.**

Signature verifies that the information provided is accurate. Any false information given shall be considered cause for rejection of this application.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Information (if under 18):

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_