Sheila Knight Sammons Memorial **Summer** Scholarship
Application

Name_____Date_____

Address_____Phone_____

City_____Zip_____

Grade for 2001_____Instrument(s)_____

Cumulative G.P.A _____(un-weighted) Top 10% ____Yes ____No

Checklist of attachments:

_____ Resume to include: 1. Community service, 2. Awards / Honors 3. Musical Accomplishments, 4. Leadership Positions Held

_____ Essay (Typed)

_____ Most recent Report Card

_____ Letter of Recommendation (Faculty Member)

_____ Letter of Recommendation (Community Member)

_____ Evaluation Form (In Sealed Envelope From Band Directors)

To my knowledge, the information provided in the application and attachments is correct. I understand that any failure to provide accurate information will result in my disqualification.

_____ _____ Date_____
Parent Signature Student Signature