## Attrus C. Fleming music scholarship fund

## SCHOLARSHIP APPLICATION ACADEMIC SCHOOL YEAR 2018 SCHOLARSHIP CLASSICAL PIANO PERFORMANCE ONLY

LAST NAME	FIRST NAME	MIDDLE NAME	
SUFFIX (Jr., Sr., III, etc.)			
HOME ADDRESS			
CITY	STAT	[E ZIP CODE	
PHONE 1 [with area code] ()	PHONE 2 [wi	th area code] ()	
NAME OF PARENT OR GUARDIAN			
APPLICANT'S EMAIL ADDRESS	PARENT'S E	MAIL ADDRESS	
DATE OF BIRTH/ (mm/dd/yyyy)	AGE	MALE or FEN	1ALE
# YEARS OF MUSIC STUDY NAME OF	CURRENT MUSIC TEACHER		
ANTICIPATED HIGH SCHOOL GRADUATION DATE	(month	& year)	
NAME OF HIGH SCHOOL			
HIGH SCHOOL STREET ADDRESS			
HIGH SCHOOL CITY	HIGH SCHOOL STA	TE HIGH SCHOOL ZIP CO	ODE
HIGH SCHOOL PHONE [with area code] ()			
EXPECTED COLLEGE/UNIVERSITY (if known)		CITY	STATE
EXPECTED MAJOR	EXPECTED MINOR	(if applicable)	
HOW DID YOU BECOME AWARE OF THE FLEMING MUSIC :	SCHOLARSHIP?		
For eligibility requirements and application proced	lures, please click on the	e "Eligibility Requirements" link.	
For scholarship consideration, please submit the fordeadline, Wednesday, October 31, 2018, to: THE ATTRUS C. FLEMING MUSIC SCHOLARSHIP FUND 1) A photograph (which will not be returned). 2) A CD of performance, including two contrasting	, PO Box 90213, Washing	gton, DC 20090-0213:	
be returned.  3) A letter of recommendation from a music teach 4) A character reference from a non-family members.	ner (including telephone	e number).	
DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY			
Date Postmarked Date Rec	eived	Received By	
Received: Application Photo C	CD or Tape Recording	Letter of Recommendation	Character Reference