



# Kotzschmar Memorial Trust Scholarship 2016 APPLICATION FORM



**APPLICATION DEADLINE: Friday, December 11, 2015**

**AUDITIONS: Saturday, March 5, 2016** (times will be assigned)

**Please read the accompanying Rules and Requirements before completing this form.**

Completed application forms **MUST** be submitted with:

1. A written list of solo repertoire studied and performed during the past year.
2. A signed letter of recommendation from a private instructor or school music director.
3. A non-refundable application fee of \$20.00 made payable to FOKO.

Materials must be postmarked/mailed by **Friday, December 11, 2015**.

Submit to: FOKO Scholarship, PO Box 7455, Portland, ME 04112

Telephone: 207-553-4363 / Email: info@foko.org

### APPLICANT'S INFORMATION:

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

Last
First
MI

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

Street or P. O. Box
City
Zip Code

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

Birth Date: \_\_\_\_\_ Age as of 3/5/16: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Instrument: \_\_\_\_\_ Years of Private Study: \_\_\_\_\_

### MUSIC TEACHER INFORMATION:

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

Last
First
MI

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

Street or P. O. Box
City
Zip Code

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

Accompanist: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant Signature Parent/Guardian (if applicant is under age 18)

### .....REPERTOIRE TO BE PERFORMED .....

Title of Composition: \_\_\_\_\_ Composer: \_\_\_\_\_

Edition: \_\_\_\_\_ Title of Movement & Number: \_\_\_\_\_ Length \_\_\_\_\_

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Edition: \_\_\_\_\_ Title of Movement & Number: \_\_\_\_\_ Length \_\_\_\_\_