



Twin Cities
American Guild of Organists

**TCAGO Pipedreams Organ Scholarship
Application for Adults**

please print out and complete

Name of applicant: _____

Address: _____

City, State, and Zip: _____

Phone: _____ E-mail: _____

Church position: _____

Years of study, piano: _____ organ: _____

The applicant will perform one piano or organ piece and a hymn of their own choosing at the audition.

Music chosen: _____

Hymn chosen: _____

Please write a brief description of why this scholarship would be beneficial to you.

Please mail completed application to:

**TCAGO Pipedreams Scholarship
Attn: Karen Bartz
House of Prayer Lutheran Church
7625 Chicago Ave S
Richfield MN 55423**

Or, scan and e-mail it to: KarenBartz9682@gmail.com