



**Twin Cities**  
American Guild of Organists

**TCAGO *Pipedreams* Organ Scholarship  
Application for Students, Grades 7-12**

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*please print out and complete*

Name of applicant: \_\_\_\_\_

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

City, State, and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please indicate student's age: \_\_\_\_\_ and grade: \_\_\_\_\_

Years of piano study: \_\_\_\_\_ Years of organ study: \_\_\_\_\_

**Teacher recommending this applicant:**

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

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

City, State, and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I recommend this applicant as a candidate for a TCAGO *Pipedreams* Scholarship.**

Signature of teacher: \_\_\_\_\_

**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](mailto:KarenBartz9682@gmail.com)**