

TCAGO PIPEDREAMS ORGAN SCHOLARSHIP APPLICATION

please print out and complete

Name of applicant: _____

Address: _____

City: _____

State and Zip: _____

Phone: _____ E-mail: _____

Age: _____ Grade: _____

Years of piano study: _____ Years of organ study: _____

Teacher recommending this student:

Name: _____

Address: _____

City: _____

State and Zip: _____

Phone: _____ E-mail: _____

I recommend this student as a candidate for a *Pipedreams* Scholarship.

Signature of teacher: _____

One week prior to Audition date, 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