# BROWARD COUNTY MUSIC TEACHERS ASSOCIATION, INC.
# SCHOLARSHIP RECIPIENT
# REQUEST FOR AWARD FORM

(This form may be reproduced in a more convenient format, but all information must be included)

The deadline for submission of this form is a postmark date within 45 days of specified semester/quarter end date. The form must be mailed to the Scholarship Committee Chairperson at the address found on the BCMTA website. Email/electronic/fax submissions will not be accepted.

| RECIPIENT PERSONAL INFORMATION | |
|---|---|
| Name: | |
| Street Address: | |
| City, State, Zip Code: | |
| Home Phone: | Date of Birth: |
| Applicant Email: | |
| RECIPIENT COLLEGE OR UNIVERSITY | |
| Name of college/university attending as a Freshman: | |
| College/University Address: | |
| Current Semester/Quarter GPA: | Current Semester/Quarter End Date: |

In order to receive any awarded scholarship, the following documentation must be forwarded to the Chairperson of BCMTA College Scholarship Committee after completion of the first semester / quarter of studies within 45 days of specified semester/quarter end:

- Request for Scholarship Award Disbursement
- Official Copy of college transcript demonstrating successful completion (minimum grade point average of 3.0 or B) of semester/quarter studies with music-related coursework

IMPORTANT: Failure to submit the required documentation and Request for Scholarship Award Disbursement within 45-days of the semester/quarter end will result in forfeiture of the scholarship award.

AGREEMENT

The information provided in this application is true and correct to the best of my knowledge.

_____ _____

Applicant's signature Date