



**TREASURE COAST CHAPTER, AMERICAN GUILD OF ORGANISTS  
ORGAN SCHOLARSHIP APPLICATION 2019-2020**

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ School or current employment: \_\_\_\_\_

**MUSICAL EDUCATION INFORMATION**

Instrument #1 \_\_\_\_\_  
Teacher's Name/School: \_\_\_\_\_ Years of Study \_\_\_\_\_  
Instrument #2 \_\_\_\_\_  
Teacher's Name/School: \_\_\_\_\_ Years of Study: \_\_\_\_\_

**ORGAN INFORMATION**

How did you hear about the TCCAGO Organ Scholarship? \_\_\_\_\_  
\_\_\_\_\_  
Church or Congregation affiliation (Information may be helpful with placement, securing practice space, etc.):  
\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION ( if applicant is a minor)**

Parent or Guardian's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please mail application and written  
recommendation from a music teacher or supervisor to:  
Mr. Brady Johnson, Scholarship Chairman  
667 20th Street, Vero Beach, FL 32960**