



**THE SEDALIA SYMPHONY SOCIETY
APPLICATION FOR THE
HAROLD J. JOHNSTON MEMORIAL SCHOLARSHIP AWARD**

Name: _____

Parents: _____

Street or P.O. Box: _____

City and Zip Code: _____

Phone Number: _____ **Cell Phone Number(s):** _____

E-mail address: _____

Date of Graduation: _____

Instrument: _____

High School Teacher: _____

Private Teacher If Applicable: _____

Title of Solo: _____

Composer: _____

Name and Phone Number of Accompanist: _____

Please Note: Contest pieces are acceptable.

Audition Date and Location: Saturday, February 29, 9:00 a.m., First United Methodist Church Celebration Center, 1701 West 32nd Street, Sedalia, MO.

Mail this form with recommendation from your orchestra or band director and a statement of character and grade point average from your high school principal or counselor by February 1, 2020 to:

**Sedalia Symphony Society
P.O. Box 1833
Sedalia, MO 65302-1833**