



2020 Robert O. Briggs Music Scholarship Application Form

Please type or print your responses in the space provided

NAME OF HIGH SCHOOL:	
Student Name:	Student DOB:
Permanent Address:	Student Email Address:
City, Zip:	Student Phone:
* Father's Name:	* Mother's Name:
Father's Address:	Mother's Address:

* Denotes "or legal guardian." If the address for mother/father are the same as student, please enter "SAME" in the space provided.

Overall weighted GPA as shown on transcript	(Attach Official H. S. Grade Transcript)
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University or College enrolled/intended to enroll?

Have you applied?	Have you been accepted?
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What is your musical instrument/skill?	_____
What is the degree program you're pursuing?	_____
Do you have a particular specialization or emphasis you plan to pursue in your studies?	_____ _____

REQUIRED: Attach a brief resume of your musical activities, awards, and experiences during your high school years. This is in addition to your essay.

Name: _____

NOTICE OF PRIVACY AND CONSENT

At times it is necessary to access information from your student’s high school or college so that we can continue to provide scholarship award payments and to enable Solano Winds to maintain contact with our awardees. Please read the following information carefully.

Privacy Act of 1974. States “No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains, unless disclosure of the record would be to those officers and employees of the agency which maintains the record and who have a need for the record in the performance of their duties.”

Consent to Disclose Information. By signing this document you hereby grant permission to the Solano Winds to share and disclose personal and financial information with the members of the Robert O. Briggs Scholarship Selection Committee. Scholarship applications are reviewed by Committee members and with Solano Winds Board of Directors members who process scholarship awards. The Solano Winds Board of Directors has final approval of recommended awards and scholarship payments.

CERTIFICATION & SIGNATURES

I (we) understand and certify the following is true, with our initials in the spaces provided, and with our signatures below:

Initials

That information provided in this application is complete and accurate to the best of our knowledge.	
That falsification of application information may result in not being considered or selected for a scholarship, non-payment of award if selected, or termination and reimbursement of payments.	
That permission is given by the student authorizing school officials to release this student’s academic transcripts for the purpose of applying for this scholarship.	
That we have read the Privacy Act rights and Consent to Disclose Information paragraphs above and give our consent for Solano Winds to access and use information provided in this scholarship application for the purposes of scholarship selection, processing, and award of payments.	

Student/Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____