

BEACH CITIES SYMPHONY ASSOCIATION SCHOLARSHIP APPLICATION

Name	
Address	
Phone (Required)	Email
School Attending	
Grade (at time of application)	Years of Music Study
	Email
RECOMMENDATIONS	
Music Teacher's Name & Addre	ss
Phone	Email
Additional References (optional)	
Phone	Email
MUSICAL ACCOMPLISHMENT	ΓS (e.g., performing groups, awards)
	TES (e.g., clubs, volunteer work, athletics) (Two pieces in contrasting styles)
	Title
	Title
Recommendation from your 2nd recommendation letter f	how you chose your instrument, plans for scholarship money, etc.)
Applicant's Signature Parent or Guardian's Name (Pri	nt)
Parent or Guardian's Signature_	Date
Mail to: Beach Cities \$	Symphony Association, P.O. Box 3910, Torrance, CA 90510