

Friends of Music for Shorter College

Application for Scholarship

Date: _____

Name: _____

Date of birth: _____

Your college address: _____

Your cell phone (or other) number: _____

Home address: _____

Home phone number: _____

Email address: _____

Cumulative grade point at this institution: _____

Major: _____

Faculty reference: _____

Scholarship funds needed: _____ Date needed: _____

Brief explanation of need:

Please submit to:

Dr. Alan Wingard
Dean, School of the Arts
Shorter College
315 Shorter Avenue
Rome, GA 30165