RAY PARNABY MEMORIAL SCHOLARSHIP APPLICATION

Name	_ Social Secur	ity No: (if sele	cted)	_
Phone		Male	Female	
AddressC	City	Zi	p	
Father's Name		Occupation _		
Mother's Name		Occupation _		
Number of brothers/sisters: Younger No. in college/vocational school				
What college or university do you plan	to attend?		<u>.</u>	
What type of music degree do you plar	n to pursue? _			
Have you been accepted?	Start o	late (mo./yr) _		
List the following:				
School Activities (e.g. athletics, music, o	clubs):			_
Community Activities (e.g. church, volu	ınteer jobs): _			
Honors/leadership (e.g. awards, club o	ffices held):			
Work experience:				

- Please include two letters of recommendation. One should be from your school music teacher or private music teacher.
- Please enclose a separate letter explaining your musical background. Information should include how many years you have been involved in music, what age you began, training you have received, awards and accomplishments, the field of music you plan to pursue, and your career goals. Please include any information about yourself that is pertinent to this scholarship application.
- Send the completed application and letters of recommendation to the Longmont Symphony Orchestra via email: info@longmontsymphony.org

MUST BE RECEIVED BY 5pm on Friday, April 1, 2023

For questions or more information, please call the LSO office at 303.772.5796.