

**Organ Academy Scholarship Application**  
Springfield, MA Chapter, American Guild of Organists

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_

Academy teacher name\* \_\_\_\_\_

Lesson per hour amount \_\_\_\_\_ Approx. how often? \_\_\_\_\_

Where will lessons take place? Will you have access to an organ for practicing?

\_\_\_\_\_

Have you taken organ lessons before ? \_\_\_\_\_ For how long? \_\_\_\_\_

Previous organ teacher name \_\_\_\_\_

Where? \_\_\_\_\_

One sample repertoire piece is \_\_\_\_\_

Have/are you taking piano lessons? \_\_\_\_\_ For how long? \_\_\_\_\_

Piano teacher name \_\_\_\_\_

Where? \_\_\_\_\_

One sample repertoire piece \_\_\_\_\_

Are you currently employed as an organist? \_\_\_\_\_ Where? \_\_\_\_\_

\_\_\_\_\_

Comment on why the award is desired and how it will be used. (you may use the back) Then add your signature.

\*Both teacher and student must be current members with dues up-to-date.