**Harmony College NW Scholarship Application**

Approved applicants will receive a full tuition (resident or commuter) to attend HCNW starting \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Deadline: Scholarship Applications, must be received by April 15th each year.**

Please fill in the blanks below. The boxes will expand onto additional pages, if needed.

**Name of Applicant Phone**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Email**

|  |
| --- |
|  |

**Music Educators Only:**

**School /Location**

|  |
| --- |
|  |

**Grade(s) / Subject(s)**

|  |
| --- |
|  |

**Barbershoppers Only:**

**How long have you been a member of the Barbershop Harmony Society?**

 **\_\_\_\_\_ less that 2 years \_\_\_\_\_ more than 2 years
Have you attended HCNW in the past? \_\_\_\_Yes \_\_\_\_No**

**Chapter(s) / Location(s)**

|  |
| --- |
|  |

**Reasons for Your Request:**

**As an educator and/or barbershopper, what do you expect to gain by attending HCNW this summer, and how will you share what you learn with your colleagues, students, and chapters?**

|  |
| --- |
|  |