

New Hampshire Gay Men's Chorus \$1,000 Scholarship

PO Box 6251 • Manchester, NH 03108-6251
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APPLICATION DEADLINE

APPLICATIONS MUST BE POSTMARKED NO LATER THAN **June 10, 2022**.

Note: Any missing documents and/or required information by the deadline date will result in disqualification of your application.

APPLICANT DATA

The scholarship applicant's name should appear on the first line of the application; however it should be completed with the parent's or guardian's assistance unless the student is legally classified as an independent student.

1. _____

Last Name	First Name	Middle Initial	Gender
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2. _____
 Permanent Home Address, including City, County, State and Zip Code

 Mailing Address if different from above

E-mail Address	Phone
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3. Date of Birth: _____ High School Graduation Date: _____

4. High School Attended: _____ City/State _____

5. Name and Location of College for which financial aid is intended:

6. a. Intended Major: _____ (Performing Arts is required for this scholarship, which includes all Music, Theater, and Voice majors) **Full time status is required.**
 b. Type of College you plan to attend (choose one):
 Four-year College/University Two-year College

SCHOOL TRANSCRIPTS

Letters of recommendation from Performing Arts Teacher(s) / Director(s) / Coach(s),
School and/or Community Volunteer Coordinator

Applicant's Rank Class of Signature of Principal or Guidance Counselor

QUESTIONS

7. Write one paragraph, briefly stating your specific educational plans and why the Performing Arts is meaningful to you.

8. Describe volunteer activities in which you have participated.

9. Describe performing arts or fine arts activities in which you have participated.

CERTIFICATION AND SIGNATURES

This form should be signed by both the student and the parent(s) or guardian completing the scholarship application. Parent signatures are not required for independent students.

All of the information on this application form is true and complete to the best of my (our) knowledge. If asked by an authorized official, I (we) agree to provide proof of the information that I (we) have given on this form. Falsification of any information will result in the loss of scholarship award.

CONSENT FOR RELEASE OF INFORMATION: I (we) hereby waive any confidentiality with respect to such information as the NHGMC Scholarship Foundation is concerned, since it is my (our) understanding that the information will be used solely for the evaluation of this application for scholarship and no other purpose.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Please mail application and all required information to the following address:

Scholarship Committee
Manchester Performing Arts Association
d/b/a New Hampshire Gay Men's Chorus
PO Box 6251
Manchester, NH 03108-6251