ONEIDA AREA CIVIC CHORALE

SENIOR SCHOLARSHIP APPLICATION FORM

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment #*

_____
City *State* *ZIP Code*

Home Phone: **( )** _____ School: _____

Questions

In the space below make a list of all your musical activities in school and in the community or attach a list or resume.

Please write a short description of your post high school plans. Include a statement as to how you would use the OACC scholarship money if awarded to you.