Muriel Gilbert Music Scholarship Application Due: April 17th, 2025 to MHS Counseling Office

	First Name	Middle	Last	Phone # / Email
	Parent/Guardian	Name(s)		
	Area of Performance		University you plan on attending.	
GPA _		ACT Composite Score	or SAT Scor	res EBRW Math
At the	present time, wha	t is your career objective? (Atta	ch an additional shee	t if necessary.)
List an	-	ls you have received (NHS, hono	or roll, science award	, etc.)
List an	y music competiti Competition & Y	ions in which you have participa <u>⁷ear</u>	ted as a soloist, plus	placement. <u>Placement</u>
List all		ou have received in Grades 7-12		
List all		sons which you have taken (teac		ears)
Please for you	list the names and	l telephone numbers of the perso		send letters of recommendations

NOTE: Email Mrs. Powell and Mr. Lopez with a request for audition information once you have submitted your application