Plymouth-Canton Music Boosters Scholarship Application											
		Applic	ation Infor	nation (Stud	ent)						
First Name:				Last Name:							
Email:					Phone:						
Address:											
City:				State:		Zip:					
		Sch	ool/Progra	m Informatio	n						
High School	Currently	Enrolled:									
Expected	year of gra	duation:									
PCEP/PCMB Instrumental/Performing Arts Program currently participating and to											
which thi	s financial	award will	pertain:	(check	one):						
Marching Band			Concert Band (curricular program):								
Winter Guard			Other: P	ner: Please list:							
Winter Di	rumline										
Criteria - Information											
1. Current Cumulative		9	GPA	Check the appropriate GPA score:							
Grade Point Average			4.0								
Office Use Only:			3.9								
			3.8								
			3.7								
			3.6								
			3.5								
			3.4								
			3.3								
			3.2								
			3.1								
			3.0								
			2.9								
			2.8								
			2.7								
			2.6								
			2.5								
2. Letter of	Recomme	ndation:									
Please subr	nit a letter	of referen	ce from Of	IE of the fol	lowing res	ources: h	igh school				
teacher; high school counselor; work supervisor											

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3. 200-Word Essay:
Please answer the following question:
Incoming Freshmen: What do you hope to gain from participation in this program?
Incoming Sophomores, Juniors or Seniors: What advice would you give incoming Freshman?
Please record your answer, type-written, on a separate sheet of paper

4. Special Circumstances:
If applicable, please write (on a separate sheet of paper) a brief statement concerning any special circumstance that the scholarship committee should be aware of when considering this application.

5. Leadership/Outside Activities/Community Involvement

On a separate sheet of paper, please list any outside activities and groups in which you have consistently participated and any leadership roles you assumed as well as any awards or recognitions for your contributions.

Signatures										
Signature o	of student applicant:				Date:					
Signature	of parent/guardian:				Date:					
Office use only:										
1		4			TOTAL:					
2		5								
3										