



# Kiel Municipal Band Edgar P. Thiessen Scholarship

## Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Year you joined the KMB: \_\_\_\_\_ Instrument Played: \_\_\_\_\_

Check box if you are a first-time scholarship applicant.

Check the box if you are re-applying for the scholarship.

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  GPA: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Major: \_\_\_\_\_  
GPA: \_\_\_\_\_

### Participation Background

List the musical activities you participated in during high school. Include any offices held and honors or awards received.

*List musical activities you participated in after high school. Whether in college or in the community. Include any offices held and honors or awards received.*

*Please list any non-musical activities you participated in. Include any offices held and honors or awards received.*

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to receiving a scholarship award, I understand that false or misleading information in my application may result in the loss of the scholarship.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_