

## Kiel Municipal Band Edgar P. Thiessen Scholarship

## **Application**

		Applicant lı	nforma	ation		
Full Name:	Last	First			M.I.	Date:
Address:	2					
	Street Address					Apartment/Unit #
	City				State	ZIP Code
Phone:		E	Email			
Year you joined the KMB:			Instrument Played:			
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		me scholarship applicant.	msuun	ioner iay	<u> </u>	
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Check	k box if you are a first-ti	me scholarship applicant.	<b>)</b> .	ione i idy		
Check	t box if you are a first-ti	me scholarship applicant. applying for the scholarship	o. ation			
Check Check	t box if you are a first-ti	me scholarship applicant. applying for the scholarship Education Address:	ation		_	
Check Check	t box if you are a first-ti t the box if you are re-a	me scholarship applicant. applying for the scholarship Educe Address:	ation	NO	_	
Check Check High School	t box if you are a first-ti t the box if you are re-a	me scholarship applicant. applying for the scholarship Education Address: Did you graduate?	o. ation YES	NO	_	
Check Check High School From:  College:	t box if you are a first-tict the box if you are re-actions.  To:	me scholarship applicant. applying for the scholarship Education Address: Did you graduate? Address: Address:	o.  Ation  YES  TYES	NO	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. In	clude any offices held and honors or awards received.					
Disclaimer and	1 Signature					
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 use application may result in the loss of the scholarship.						
Signature:	Date:					