

Application Form Melfort Music Festival Association
SEFTON MEMORIAL SCHOLARSHIP (\$300)

1. Name of applicant _____
2. Address: _____
3. Phone Number: _____
4. Date of Birth: _____
5. Age as of December 31, year just past: _____
6. Piano pieces entered in this festival:

	Class No.
	Class No.
	Class No.
	Class No.
	Class No.
	Class No.
	Class No.

7. Name and address of teacher or institution to which you wish the cheque made payable should you be the successful recipient of this scholarship:

8. I, the undersigned, certify that I have read the Rules, and that all conditions governing this entry have been or will be compiled with.

Signature of Applicant: _____ Date: _____