



The Rachel Scarberry Choral Scholarship Fund Application

Student Information

First and Last Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip Code: _____

Choir (circle one): Music Experience Principio Illuminati Bella Voce

Location (circle one): Edmond Oklahoma City Norman

Parent Information

Parent's First and Last Name: _____

Phone #: _____ E-mail: _____

Application

Prior to this semester, how many semester have you been in COHC? _____

What choral event are you requesting a scholarship? _____

What is the web address with information about this event? _____

What is the cost of this event? _____

Is your attendance to this event dependent on the receipt of donated funds such as the Rachel Scarberry Scholarship? (circle) Yes No

Use this section to tell us how this event will benefit you as a member of COHC, and what you hope to bring back to share with your choir as a result. _____

Additional Information You Wish to Share: _____