

Date of Application: \_\_\_\_\_

For School Year: \_\_\_\_\_

Scholarship Amount: \_\_\_\_\_

**COLLEGIATE RENEWAL APPLICATION FORM\***

Elnora Hartman Stickley Scholarship Fund

Previous Award: \$ \_\_\_\_\_

INSTRUCTIONS

Students and parents are to fill out this form completely. If more space is needed, you may attach an additional sheet of paper. The completed form is to be returned to the Trust Department of 1st *Source Bank*, Attn: Melissa Cooper, P.O. Box 1602, South Bend, Indiana 46634-1602. **Applications must be postmarked by the first Friday of April.**

**\*NOTE: TWO (2) Teacher Recommendation Forms must accompany this application.**

1. Name of Applicant: \_\_\_\_\_  
Last First Middle Initial Date of Birth (Mo./Day/Yr.)

2. Permanent Home Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP Phone

3. Parent or Guardian: \_\_\_\_\_

4. College attended: \_\_\_\_\_ Level next year: Fr. Soph. Jr. Sr. PostGrad

5. Do you intend to study at the same institution: \_\_\_\_\_ If not, where: \_\_\_\_\_

Anticipated Major: \_\_\_\_\_ Anticipated Minor: \_\_\_\_\_

6. What other merit scholarships or financial aid will you receive (be specific and attach documentation):  
\_\_\_\_\_  
\_\_\_\_\_

7. If you have been employed, what jobs have you held the years you have been enrolled in college:  
Employer Date  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List your collegiate extra-curricular activities, office(s) held, awards, participation in musical activities, etc. (You may use an additional sheet of paper, if necessary): \_\_\_\_\_

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Unless it has already been received by the Trustee, submit an official transcript from the first college grading period of the current school year as soon as possible; without a transcript, this application will be considered invalid.

**APPLICATION DEADLINE IS THE FIRST FRIDAY OF APRIL**

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

INSTRUCTIONS

This form is to be completed by the applicant's teacher of private music lessons. If applicant is not studying music privately, the applicant's primary teacher of music, such as a school music teacher, should fill out the form. If accompanying a collegiate renewal application, this form should be filled out by: (1) primary instructor within student's field of study, (2) another music instructor. **This form must accompany the applicant's form and be filed at the same time.**

1. Name of Student: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Award Student is Seeking: \_\_\_\_\_

3. Name of Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. How long has this student studied with you: \_\_\_\_\_

Instrument taught \_\_\_\_\_

6. What evidence of the pursuit of excellence do you see in this student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you recommend the award for this student: \_\_\_\_\_

Give reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Other comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

**TEACHER RECOMMENDATION FORM**

Elnora Hartman Stickley Scholarship Fund

INSTRUCTIONS

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1. Name of Student: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Award Student is Seeking: \_\_\_\_\_

3. Name of Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. How long has this student studied with you: \_\_\_\_\_

Instrument taught \_\_\_\_\_

6. What evidence of the pursuit of excellence do you see in this student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you recommend the award for this student: \_\_\_\_\_

Give reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Other comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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