



**ELNORA HARTMAN STICKLEY SCHOLARSHIP
COLLEGIATE RENEWAL APPLICATION**

(Revised 1/12/2023)

DEADLINE FOR RECEIPT: APRIL 5

**RECIPIENT
INFO**

Last Name _____ First _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____

Email Address _____

Major _____ Minor (If applicable) _____

Major Instrument _____ Minor Instrument (If applicable) _____

Current School Year (Check one) Sophomore Junior Senior

**COLLEGE/
UNIVERSITY
INFO**

Use official school name. Do NOT use abbreviations.

School Name _____

Student Identification Number _____

Address _____

City _____ State _____ Zip Code _____

REPERTOIRE List the repertoire you have learned in the current academic year. Add * for pieces you have performed in public.

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**WORK
PRODUCT
REQUEST**

List any public presentations, projects, or student teaching you did in the current academic year that relates to your major.

**WORK EXPERIENCE
WHILE ENROLLED
IN COLLEGE**

Employer/Position	Dates of Employment	Hours per week

**GRANTS/
SCHOLARSHIPS
/MONETARY
AWARDS**

List all monetary awards, grants and scholarships. If you have nothing additional to report write 'NONE'.

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The following documents need to be enclosed along with this form:

- Official Fall Semester Transcript
- TWO (2) Teacher Recommendation Forms (see attached forms for specific requirements)

Be sure to provide **ALL** of the information requested. Failure to provide the above information in a timely manner may result in forfeiture of your scholarship award for the year. Please return the completed form to 1st Source Bank, Attn: Wendy Freeman-Campbell, 100 North Michigan St., Suite 500, South Bend, IN 46601.

APPLICATIONS MUST BE RECEIVED BY APRIL 5

Signature: _____ **Date:** _____

OFFICE USE:

SCHOLARSHIP AMOUNT: \$ _____

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TEACHER RECOMMENDATION FORM

INSTRUCTIONS

This form should be filled out by the primary performance instructor or advisor. **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? _____

Provide reasons: _____

8. Other comments: _____

Teacher Signature: _____

Title: _____

Date: _____

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TEACHER RECOMMENDATION FORM

INSTRUCTIONS

This form should be filled out by the department chair or other music faculty member. **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? _____

Provide reasons: _____

8. Other comments: _____

Teacher Signature: _____

Title: _____

Date: _____