

**ELNORA HARTMAN STICKLEY SCHOLARSHIP  
COLLEGIATE RENEWAL APPLICATION**

(Revised 12/21/2021)

**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.

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**WORK EXPERIENCE  
WHILE ENROLLED  
IN COLLEGE**

Employer/Position	Dates of Employment	Hours per week

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**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: Ann Rathburn-Lacopo, 100 North Michigan St., Suite 500, South Bend, IN 46601.

**APPLICATIONS MUST BE RECEIVED BY APRIL 5**

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

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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: \_\_\_\_\_