

THE TED LEWIS MEMORIAL MUSIC SCHOLARSHIP APPLICATION - 2026

info@tedlewismuseum.org (PHONE 740-477-3630)

MISSION STATEMENT OF THE TED LEWIS MUSEUM

*Celebrating the life and preserving the legacy of Circleville's own
Ted Lewis, by making everybody happy through
education and entertainment.*

1. Full Name:

Last First Middle

2. Address for Past Year:

3. Date of Birth: _____ **Cell Number:** _____

4. Personal Email: _____

5. Parents or Guardian:

Mother: _____ Father: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Employer: _____ Employer: _____

Reside With: (Circle one.) Both Parents Mother Father Guardian

6. Name and Address of High School Attended:

7. Grade Point Average (GPA) and Rank in Class: _____

(Have your guidance office attach a complete official transcript of your high school credits.)

8. Attach to this application a brief **autobiographical statement** which sets forth the reasons why you desire this scholarship and which summarizes your career goals.

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9. List high school, church and community activities (clubs, organizations, etc.) and include any offices held:

10. List any academic awards or honors received:

11. Student Employment Record (attach additional list as needed):

Employer: _____	From: _____	To: _____
Employer: _____	From: _____	To: _____
Employer: _____	From: _____	To: _____

12. List any grants or scholarships you will receive and value of same:

A. Total monetary value of all scholarships and grants:	\$ _____
B. Amount of financial aid you will receive from your family:	\$ _____
C. Amount you have saved for your education:	\$ _____
D. Total of any other financial support you will receive:	\$ _____
E. Total financial support available (Add lines A, B, C & D.):	\$ _____

13. Family Income Range: (Circle one.)

\$0-25,000 \$25,000-\$50,000 \$50,000-\$75,000 \$75,000+

14. List **instruction** and **courses** taken in areas relating to music and the performing arts:

15. Name, address and date of acceptance to **college** or **institution** where you have been accepted:
(Attach letters of verification.)

16. What field of study do you plan to pursue and why:

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17. Enclose with this application **two letters of recommendation**. One of the letters must be from an instructor or teacher under whom you have studied music or another area of performing arts. The other must be a separate letter from a school authority stating general character, desire for further education and scholarship ability.

18. All applications must include an **audition CD or mp3 file**. The CD/mp3 file must include **two (2) tracks** of contest level material in contrasting styles. Any accompaniment must be limited to piano only. Please indicate titles and composers of pieces on CD/mp3 file. Applicants have the option of **emailing mp3 files** instead of making a CD. Email the files to **info@tedlewis-museum.org**

(ADDITIONAL INFORMATION MAY BE GIVEN ON ANOTHER SHEET OF PAPER.)

Signature of Applicant: _____ Date: _____

PRIVACY ACT ADDENDUM-SCHOLARSHIP APPLICATION

All applicants should review the information requested. None of the information is required by law and is therefore disclosed voluntarily. It will be used in considering the applicant for the scholarship, publicity and related purposes. Not providing all of the requested information may result in an application not being fully considered for this award.

AUTHORIZATION TO RELEASE INFORMATION

Except as specified below, all personal information contained in my application for the scholarship may be used by the award sponsor for promotion and publicity purposes. No personal financial information submitted will be so used.

Exceptions: (Specify information YOU DO NOT WANT released.)

Student's Signature

Parent/Guardian's Signature

Date Signed: _____

Date Signed: _____

MUST BE RECEIVED BY: THURSDAY, APRIL 16, 2026

Email: **info@tedlewis-museum.org** or

MAILING ADDRESS:

THE TED LEWIS MUSEUM

PO BOX 492, CIRCLEVILLE, OH 43113

TED LEWIS MEMORIAL MUSIC SCHOLARSHIP

INSTRUCTIONS TO APPLICANT

For consideration, this form must be **completed in its entirety** and received by the Ted Lewis Museum by, **Thursday, April 16, 2026.**

Mail to: The Ted Lewis Museum, PO Box 492, Circleville, OH 43113
or Email application and audition CD/mp3 file to: **info@tedlewismuseum.org**

(Phone: 740-477-3630) This form can also be found on our website at **www.tedlewismuseum.org**

ELIGIBILITY AND RULES

The Ted Lewis Museum will offer one **\$1,000 scholarship** to a selected Pickaway County 2026 graduating senior wishing to pursue a degree in Music Education, Music Performance, Musical Theater, Music Technology or Performing Arts.

1. Scholarship criteria will include performance capability and scholastic, extra-curricular and community activities. In addition, financial need will be a major consideration.
2. The maximum annual scholarship that can be awarded will be **\$1,000 toward tuition fees.**
No renewal beyond one year shall occur.
3. The applicant must attend an **accredited college or university** which grants either a two-year associate or four-year degree.
4. A minimum cumulative **GPA of 2.70** (on a 4.0 scale) is required for eligibility.
5. All Pickaway County high school seniors may apply and one qualifying student will be selected from all applicants.
6. The award will be presented by check, made payable to the **institution** at which the scholarship recipient is enrolled and credited to his or her account. If the student enrolls and then withdraws and receives any refunds, a prorated amount of the scholarship award must be returned to the Ted Lewis Museum.

