



Towanda Musical Society Scholarship Application

Barbara Sowinski started this fund in 2009 to benefit any Bradford County High School Graduate pursuing a career in music. Applicant must be a resident of Bradford County, accepted into the music department of an accredited college or university pursuing a degree in music. The head of the music department of each eligible high school in Bradford County can nominate up to two candidates for the scholarship.

Eligibility Criteria:

- Graduating senior from any of the 7 Bradford County high schools.
- Accepted into the music department of an accredited college or university.
- A short essay (200-250 words double spaced). The selection committee is looking for reasons why you have chosen this career path, and reasons why you feel qualified and deserve the scholarship.
- Please provide a list of school-based activities (including leadership positions, clubs and athletics) as well as community volunteer activities and the number of months or years.
- Must be pursuing a degree in music.
- Two reference letters (one from your school's music dept.).
- If requested by the Towanda Musical Society Scholarship Committee, submit an "audition tape."

Please E-mail your application in Word or PDF form to: cfield@twintierscf.org no later than Friday, March 31, 2024, by 5:00 pm or mail to Community Foundation for the Twin Tiers, 104 W. Lockhart St, Sayre, PA 18840. Mailed application must be postmarked no later than Friday, March 31, 2024.



Towanda Musical Society Scholarship Application

Type or print neatly in black or blue ink. Only complete applications will be considered. Personal Information:

Last Name		First Name		MI
Street Address				Apt. /Unit Number
City	State	Zip Code	Home Phone	Cell Phone
Sex: M	F	Date of Birth: ____/____/____ MM/DD/YYYY	Name of High School	Date of Graduation
E-mail Address				

Parental Information:

Father's Last Name		First Name		MI
(If different) Street Address		Apt. /Unit Number	Email Address	
City	State	Zip Code	Best Available Phone Number	
Name of Employer			Employed Since	
Mother's Last Name		First Name		MI
(If different) Street Address		Apt. /Unit Number	Email Address	
City	State	Zip Code	Best Available Phone Number	
Name of Employer			Employed Since	

Employment Information:

Do you currently have a part-time job? Y N If yes: _____
Position

Name of Employer	Employer's Phone Number
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School Based Information:

Major Field of study in college: _____

Name of the college or university you will attend:

G.P.A. _____ SAT Score _____ or ACT Score _____

Class Rank _____ of _____ # students.

I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by me (the applicant) to the best of my knowledge.

If I am selected as a recipient of a Community Foundation for the Twin Tiers scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship.

I also agree that my name and photograph can be used in announcements made by the Community Foundation for the Twin Tiers regarding the particular scholarship (s) for which I have been awarded.

I also agree that by signing this I permit my school to give the Community Foundation for the Twin Tiers information regarding my SAT score, current GPA and class rank.

Awards may be used at any accredited, nonprofit college or university within the United States.

Signature of Applicant

Date of Signature

