

Community Foundation for Muskegon County

ALFONSO LOERA MUSIC SCHOLARSHIP

Print using black ink or type. All blanks must be filled out for application to be considered.

1. Please circle the scholarship type you are applying for: Type 1 Type 2

2. Social Security
Number: _____

3.

| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|
|-----------|------------|----------------|

4.

| Street Address | City | State | Zip |
|----------------|------|-------|-----|
|----------------|------|-------|-----|

5.

| Birthdate | Telephone | E-mail Address |
|-----------|-----------|----------------|
|-----------|-----------|----------------|

6. Are you a Muskegon County resident? Yes No

7. School or College **currently or last**
attended: _____

| Street | City | State | Zip |
|--------|------|-------|-----|
|--------|------|-------|-----|

Graduation Date: _____ School Telephone: _____

8. School or College attending **next**
fall: _____

| Street | City | State | Zip |
|--------|------|-------|-----|
|--------|------|-------|-----|

Graduation Date: _____ School Telephone: _____

9. What area of music (i.e., instrument, vocal, etc.,) do you plan on pursuing: -----

10. Please describe any previous experience in the field of music, including, ensembles, awards, lessons, etc.
(Please indicate dates where appropriate).
