

# Nomination for Youth Music Scholarship

*(Recipient must be of high school age.)*



## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Expected Year of Graduation \_\_\_\_\_

Branch church attending \_\_\_\_\_

## PERSONAL TESTIMONY

When saved (short testimony) \_\_\_\_\_

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## MUSIC EDUCATION

Instruments played \_\_\_\_\_

History of music studies (private lessons, etc.) \_\_\_\_\_

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Past and current participation in church music \_\_\_\_\_

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Participation in other musical groups \_\_\_\_\_

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Other pertinent information \_\_\_\_\_

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\_\_\_\_\_  
SIGNATURE OF MUSIC DIRECTOR

\_\_\_\_\_  
SIGNATURE OF PASTOR

*Return completed form to:*

**APOSTOLIC FAITH CHURCH**

YOUTH MUSIC SCHOLARSHIP COMMITTEE

5414 SE Duke Street | Portland, OR 97206