The Young Organist Collaborative

Application for Organ Study Scholarship 2026-2027

Name:_____Nickname:_____M/F:_____

Address:_____

Town:_____State:_____Zip:_____

Telephone No. (____)_____Age:_____Birth Date: _____

(Minimum Age: 13 years, Maximum Age: 20 years)

Parents' / Guardians' names: _____

Parent and/or student email address (for contact by YOC only): _____

School:_____Grade:_____

Instrument #1:_____Years of music study: _____

Teacher's name & telephone: _____

Instrument #2:_____Years of music study: _____

Teacher's name & telephone: _____

Other interests / activities: _____

How did you find out about the Young Organist Collaborative?_____

_____

Why do you want to study the organ?_____

_____

Church or Congregation:_____

(this information may be helpful with placement, securing practice space, and fundraising.)

Today's Date _____

Please send in your application AS SOON AS POSSIBLE, and include a written recommendation from a music teacher which may arrive separately. *Email all documents to* applications@netnswvaago.org *by the deadline.*

Questions? Call Bob Greene: (276) 696-9091