



TEAL SOUND
DRUM & BUGLE CORPS
 JACKSONVILLE, FLORIDA

WORK SCHOLARSHIP APPLICATION

Name _____ Birth Date ____/____/____
 (Last) (First) (Initial) (Month) (Day) (Year)

Home Address _____
 (Street) (Apt. No.)

 (City) (State) (Zip)

Phone (_____) _____ Cell Phone (_____) _____

Email _____

School Name _____ Band Director _____

Family Information

Mother's Name: _____	Father's Name: _____
Is she living? _____	Is he living? _____
Home Address if different from yours: _____	Home Address if different from yours: _____
Occupation: _____	Occupation: _____
Organization: _____	Organization: _____
College (if any): _____	College (if any): _____
Highest Degree: _____ Year: _____	Highest Degree: _____ Year: _____

If not with both parents, with whom do you make your permanent home? _____

Total number of children living at home including yourself: _____

Total number of others currently attending college: _____

Financial need

Maximum (\$1000.00)	\$ _____	Minimum (other amount)	\$ _____
Total need	\$ _____	Total need	\$ _____
Currently Employed? _____	Weekly Earnings: _____	Are you currently Employed? _____	Weekly Earnings? _____

