

Mid-York Color Guard Circuit Scholarship Application

Please complete in full. Please type or print legibly in ink.

I. PERSONAL DATA:

Name _____

Home Address _____

City/State/Zip _____

Phone (_____) _____

Current Age _____ e-mail _____

2016 Unit you are performing with _____

Are you employed? _____

If yes, where? _____

Address _____

City/State/Zip _____

Phone (_____) _____

How Long? _____

Supervisor's name? _____

Father's Name _____

Address (if different) _____

Phone (_____) _____ Occupation _____

Mother's Name _____

Address (if different) _____

Phone (_____) _____ Occupation _____

Siblings (if any) _____

Are any active in winter guard? _____

II. Education:

High School _____

Address _____

City/State/Zip _____

Phone (_____) _____ Principal's name _____

Complete if in college. If not yet in college, complete for next year.

College/University _____

Address _____

City/State/Zip _____

Phone (_____) _____ Course of study/major _____

III. Unit Information:

Name of M-YCGC Member Guard _____

Director _____

Address _____

City/State/Zip _____

Phone (_____) _____

How many years have you been a member of this guard? _____

Have you performed with any other M-YCGC units? _____

If so, please list, including years with that unit: _____

IV. Additional Information:

Student leadership positions you have held:

Clubs/Organizations in which you are active:

Career Goals:

V. Essay:

Please write a one to two page essay answering the following questions regarding your M-YCGC winter guard experience.

a. What life skills have you learned through your participation in the winter guard activity?

b. How do you perceive the experience of performing and the values you have learned in winter guard will affect your future?

VI. Verification:

I certify that all enclosed information is accurate and true.

Applicant's signature _____ Date _____

Parent signature _____ Date _____

I have reviewed the enclosed information, and recommend this member for
the 2016 Mid-York Color Guard Circuit Scholarship.

Director's signature _____

Unit _____ Date _____

PLEASE ATTACH:

- High School/ College transcripts (whichever is applicable)
- 3 letters of recommendation (at least one from non-guard related individuals.)
- A photo of yourself (to be used for the succeeding year championship program if selected)

This application will be kept confidential, viewed only by the M-YCGC
Scholarship Selection Committee.