



SOUTH DAKOTA CHAPTER
AMERICAN GUILD OF ORGANISTS

ORGANIST'S ACADEMY Scholarship Application Form

Applications are due by April 1

Student Name: _____

Parent Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Email: _____ Date of Birth: _____

Years of Piano Study: _____

For Piano Student Category Only

Piano Teacher Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

I recommend this student as a candidate for an SDAGO Academy
Scholarship

Teacher Signature: _____

