

# Wipplinger Organ and Piano Scholarship Application

Competition Date: May 24, 2019  
First Presbyterian Church  
308 Water St.  
Albert Lea, MN

Student Name \_\_\_\_\_

Check One: \_\_\_\_\_ Freeborn County Grade \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Faribault County Grade \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Adult – Freeborn County

Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Years of Piano Study \_\_\_\_\_ Years of Organ Study \_\_\_\_\_

Scholarship applying for: \_\_\_\_\_ Piano \_\_\_\_\_ Organ

Required: Title/Composer \_\_\_\_\_

Prepared: Title/Composer \_\_\_\_\_

Hymn \_\_\_\_\_

**Deadline for Application: April 26, 2019**  
**Mail to: Eileen Nelson Ness**  
**77574 170<sup>th</sup> Street, Albert Lea, MN 56007**  
For US Mail notification of audition time, send a SASE.  
Or you will be notified by e-mail with your time by May 1.  
Recital will be Thursday, May 30, 2019 (2018 winners)  
Questions? Contact Eileen Nelson Ness 507-377-2075  
Sue Jorgensen 507-377-1580

## Teacher Recommendation

*I recommend this student as a candidate for an Albert Lea Civic Music  
Helen Wipplinger Organ and/or Piano Scholarship.*

\_\_\_\_\_  
**Teacher's Signature**  
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**If a scholarship is awarded to you-**

### **STUDENT:**

I promise to complete the 26 lessons awarded to me by Albert Lea Civic Music for the 2019-2020 year. I also promise to play in a church of my choice at least once during this current year of scholarship. I will provide a bulletin from the service I participated.

Student signature \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

### **TEACHER:**

I promise to complete 26 lessons with student

\_\_\_\_\_ during this school year 2019-2020, I will encourage him/her to perform for worship services of his/her choice. I will provide a record of lesson attendance to Albert Lea Civic Music at the end of the 26 lessons. If 26 lessons are not completed, I will return any extra money to Albert Lea Civic Music Association.

\_\_\_\_\_  
Teacher's Signature

Piano/Organ Teacher's

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_