

LISTER -SINK FOUNDATION, INC.

2360 Beroth Road, Pfafftown , NC 27040

Tel:336/749-5715 Email: barbara.lister-sink@salem. edu

GENERAL SCHOLARSHIP APPLICATION FORM

Date: _____

Full Name: _____

Date of Birth _____

Please answer the following questions in detail in a Word. doc or PDF and attach with your application:

- 1) Describe in detail your educational, musical and professional background and experience. Please be specific about schools and positions.
- 2) Have you ever experienced or are you currently experiencing a playing-related injury or disorder? If so, please describe in detail the chronology, diagnosis and treatment (if any) of the disorder.
- 3) Please give compelling reasons why and for what purpose you are requesting a Foundation scholarship.
- 4) Include with this application 1. a current curriculum vitae, 2. a DVD or link to a You Tube channel of your playing, 3. and the names, emails and/or phone numbers of 2 people who would be able to give you academic, musical and personal recommendations. Mail to:

THE LISTER-SINK FOUNDATION, INC.
2360 Beroth Road Pfafftown, NC 27040

I affirm that to the best of my knowledge all information given herein is accurate and complete.

Signature _____

Date _____