



TENSTRINGS SCHOLARSHIP FORM

1. NAME _____
2. GENDER male female
3. DATE OF BIRTH (DD/MM/YY) _____
4. ADDRSS _____

5. SCHOOLS ATTENDED: _____

6. COURSE OF INTEREST _____
7. Why do you want this scholarship? _____

8. Phone number _____
9. E-mail _____

Please scan and e-mail completed form to tenstringsmusicscholarship@gmail.com