

Letter of Recommendation
Student Scholarship Application
Columbus Chapter, American Guild of Organists
Revised 8/7/2021



Name of Student Applicant _____

Student Status (check current status):

___ Middle School ___ High School ___ Undergraduate School

___ Graduate School ___ Other (explain) _____

Name of Referring Member _____

Phone Number _____ Email Address _____

Name of Current Organ Teacher _____

(if different than referring member)

Phone Number _____ Email Address _____

Name of Educational Institution _____

Request scholarship for organ student to attend educational program (check program):

___ Pipe Organ Encounter (ages 13-18) ___ AGO Convention

___ Other educational events or supplemental experiences (describe) _____

Teacher Recommendation

Explain why this student would benefit from an educational/enrichment program.

Submit completed form to current Dean as listed on Columbus AGO webpage at <http://agocolumbus.org>