



# TODA Memorial Scholarship Application Texas Orchestra Directors Association

7900 Centre Park Dr, Suite A  
Austin, TX 78754

[www.todaweb.org](http://www.todaweb.org)

Deadline: January 1, 2019

## APPLICANT'S INFORMATION:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ APPLICANT CELL PHONE: \_\_\_\_\_

APPLICANT'S E-MAIL: \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_ BIRTH DATE: \_\_\_\_\_

AGE: \_\_\_\_\_ ACADEMIC GPA : \_\_\_\_\_ PRIMARY INSTRUMENT YOU PLAY : \_\_\_\_\_

HOW MANY YEARS HAVE YOU PLAYED: \_\_\_\_\_ LIST OTHER INSTRUMENTS YOU PLAY: \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_ ISD: \_\_\_\_\_

ORCHESTRA DIRECTOR'S NAME: \_\_\_\_\_ DIRECTOR'S EMAIL: \_\_\_\_\_

DIRECTOR'S PHONE: \_\_\_\_\_

CURRENT TODA MEMBER SPONSOR NAME: \_\_\_\_\_

(If your Orchestra Director is a current TODA Member you can list them again in the space above)

LIST ANY MUSICAL HONORS, SCHOLARSHIPS AND/OR AWARDS:

COLLEGE YOU WILL BE ATTENDING : \_\_\_\_\_

## PARENT or GUARDIAN INFORMATION:

FATHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FATHER'S EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MOTHER'S EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_