

2019-2020 MSM ARTS UNITED INC. SCHOLARSHIP APPLICATION FORM

Application Deadline:

This application with entry fee, repertoire form and summer study form ***MUST***
be postmarked on or before February 24, 2020 and mailed to:
MSM Arts United Inc., c/o Melton Mustafa, P.O. Box 260871 Pembroke Pines,
FL 33026. You may also print out the application and Fax it.
Fax # 561-419-6487

Please type or print legibly.

Name: _____
Last First Middle Social Security #

Permanent Address: _____ () _____
(Legal Residence) Street, House or Apartment Number Phone

_____ City, State or Province, Zip or Postal Code _____ E-mail

Mailing Address _____ () _____
at School: Street, House or Apartment Number Phone

_____ City, State or Province, Zip or Postal Code _____ E-mail

() _____
Cell Phone

Your Teacher if Applicable: _____ Your Instrument: _____

Name of College (if attending): _____

Name of Jr. High or Sr. High School (if attending): _____

Grade or Level: _____

If not currently a student, indicate degrees received, years and schools: _____

Your age: _____

SIGNATURE OF CERTIFYING TEACHER OR ORGANIZATION IF APPLICABLE:		
X _____	DATE:	_____
Address of Certifying Teacher or Organization: _____		
Street	City	State/Zip

APPLICATION INFORMATION IS CONFIDENTIAL. SCHOLARSHIPS AWARDED ARE DETERMINED BY MSM Arts United Inc.

I certify that all information on this application is correct. I understand that I can be disqualified from Scholarship Awards if MSM Arts United Inc. determine that I am ineligible for a scholarship.

SIGNATURE: _____ DATE: _____