

# Application for Scholarship to the Alabama School of Gospel Music

When Completed, mail to:  
Dr. David Sexton  
Alabama School of Gospel Music  
3691 County Road 63  
Brilliant, AL 35548

Office Use Only
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**Name:** \_\_\_\_\_  
Last First Middle Initial (Name you prefer to be called, optional)

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_ **Gender:** M / F

**Home Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Road City State Zip Code As of first day of school

**Do you attend church regularly?** Y / N

**Name of Church:** \_\_\_\_\_ **Pastor:** \_\_\_\_\_

**Church's address:** \_\_\_\_\_  
Road City State Zip Code

**Are you now or have you ever been active in music at church?** \_\_\_\_\_

**How much musical training have you had?** \_\_\_\_\_

**Do you play an instrument? If so, which?** \_\_\_\_\_

**Private lessons desired / Preferred teachers:** \_\_\_\_\_

**Will you be living on campus?** Y / N

**In your own words, explain why you need a scholarship (For additional space, please use back:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you attended any singing schools?** \_\_\_\_\_

**How do you plan to use this in the future? / Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Date:** / / \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_