



ATSSB REGION 8

All-State Scholarship Application

Only completed applications will be sent a check. Please read carefully and complete all sections.

Applicant Name: _____

Summer Address (check will be mailed to this address): _____

City: _____ State: _____ Zip: _____

Father's Name _____ Mother's Name _____

Name of High School you graduated from: _____

Name of High School Band Director: _____

Name of College or University to which you will be attending: _____

School years you participated in ATSSB All-State band: _____

Please have your High School band director write a letter certifying your membership in the High School band and the number of years in the ATSSB All-State Band. You can either email it to sschmidt@madisonvillecisd.org or write it in the space below and turn it in with the application.

Signature of high school band director date

Please enclose a copy of your class registration from the college or university you will be attending in the fall. This is not your acceptance to college. It is your schedule; you get this when you register for classes during the summer. Please either attach it to this application or scan and email it as well.

Signature of applicant

Date

Signature of Parent/guardian

Date