

The Peter J Spadaro Winter Ensemble Scholarship
Sponsored by:
The Three Rivers Winter Ensemble Association

Eligibility Requirements

1. Applicant must be a current member in one of the participating Winter Ensembles in the Three Rivers Winter Ensemble Association sponsored shows.
2. Applicant must be a senior in high school or already in post secondary education.
3. Applicant must have completed a full year in the participating Winter Ensemble by the end of the current school year.
4. Applicant cannot have received any previous PFCJ or Three Rivers Winter Ensemble Association scholarships.
5. Applicant must use the scholarship to forward their formal education with an established trade school, college or university, within one (1) year of receiving the scholarship.
6. Applicant must have participated in the preview show, two other Three Rivers Winter Ensemble Association events, and the Three Rivers Winter Ensemble Association Championships during the year in which they have submitted an application.

Registration Requirements

1. Applicant must meet all eligibility requirements.
2. Applicant must complete all registration and application forms. A recommendation from the student's band director or Winter Ensemble instructor must accompany the student's forms. All forms must be sent to the Three Rivers Winter Ensemble Association, c/o Jan McMahan, 256 Kingston Drive, Pittsburgh, PA 15235, by Thursday, March 1, 2012.
3. All information on the registration and application forms will be open to verification.
4. All application materials shall remain confidential.
5. The scholarship will be awarded to the applicant after a transcript from their post-secondary institution is submitted to T.R.W.E.A.'s Executive Director.

Please do not use your members name or anything that will identify them.

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Student Registration Form

Please complete this form in full.

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____

HIGH SCHOOL / COLLEGE: _____

PRINCIPAL / DEAN: _____

SCHOOL PHONE: _____

CURRENT WINTER ENSEMBLE: _____

BAND/WINTER ENSEMBLE DIRECTOR: _____

DIRECTOR'S PHONE NUMBER: _____

YEARS OF PARTICIPATION WITH YOUR CURRENT ORGANIZATION? _____

I CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THESE FORMS
IS FACTUAL, COMPLETE AND TRUE.

APPLICANTS SIGNATURE:

BAND/WINTER ENSEMBLE DIRECTOR'S SIGNATURE:

DATE SIGNED: _____

Please do not use your members name or anything that will identify them.

