



Twin Cities
American Guild of Organists

TCAGO *Pipedreams* Organ Scholarship Application for Students, Grades 7-12

please print out and complete

Name of applicant: _____ Audition Date: _____

Address: _____

Phone: _____ Email: _____

Please indicate student's age: _____ and grade: _____

Years of piano study: _____ Years of organ study: _____

Teacher recommending this applicant: _____

Teacher's address: _____

Phone: _____ Email: _____

I recommend this applicant as a candidate for a TCAGO *Pipedreams* Scholarship.

Signature of teacher: _____

Audition Music Chosen

Bach Invention or equivalent: _____

Classical or Romantic period (contrasting): _____

Hymntune (2 contrasting verses): _____

Please address all questions and concerns to Steve Gentile (genhen70@msn.com), TCAGO *Pipedreams* Organ Scholarship Committee Chair.

Scan and email completed application to KarenBartz9682@gmail.com or mail to:

TCAGO *Pipedreams* Organ Scholarship
Attn: Karen Bartz
6650 Vernon Ave S #404
Edina MN 55436