

**DONALD L. "DON" CONOVER**  
**SCHOLARSHIP APPLICATION**

**American Guild of Organists, Hawaii Chapter**  
**Attn: Elizabeth Wong**  
**1321 Ala Aolani Street, Honolulu, HI 96819-1466**  
**Phone 839-4447**  
**Email: ew\_ago\_hawaiichapter@yahoo.com**

**Provisions of the Scholarship:** The fund is available to any Hawaii resident and will be used to pay for one-half the cost of organ lessons up to \$600 for the first year and \$300 for the second or third year. Students will pay their teacher half of the cost of lessons which are matched by their scholarship award, and the entire cost of lessons after their awards have been completed. Applications are due **by August 31st**, with auditions to be completed by the end of September. The American Guild of Organists-Hawaii Chapter (AGO-HC) will determine the number of awards to be given, based upon a percentage of the funds currently available. Organ instructors must be AGO-HC members in good standing. Award preference will be given to new applicants.

THIS SECTION TO BE COMPLETED BY APPLICANT (please print or type)

Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ (Parent email, if applicable) \_\_\_\_\_

In a short paragraph, state why you wish to receive this scholarship.

Organ teacher with whom you wish to study \_\_\_\_\_  
(If you would like the AGO to help you select the appropriate teacher, please check here \_\_\_\_\_)

THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE.

Name(s) of Parent or Guardian \_\_\_\_\_  
Phone and Address if different from above. Phone \_\_\_\_\_  
Address \_\_\_\_\_

How will you support this young person (include such areas as transportation to organ practice sessions and lessons/financial commitment/encouragement/supervision, etc.) ?

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_ (continued on other side)

THIS SECTION TO BE COMPLETED BY PIANO OR ORGAN TEACHER (if applicable)

Name of Teacher \_\_\_\_\_ Phone \_\_\_\_\_

In a short paragraph, please support the study of organ by your student, using the following list:

E-Excellent    S-Satisfactory    I-Improving    N-Needs Improvement

- general musicianship
- keyboard facility
- quest for knowledge
- practice habits
- preparation of lesson material
- skill in sightreading
- promptness to lessons
- general dependability
- emotional stability
- reaction to criticism

Please add any comments that might further indicate the student's readiness for organ study.

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

The above information will be kept confidential by the AGO-Hawaii Chapter. Be prepared to play two audition pieces and **submit 4 copies** of all music with **4 copies of the application**. Please mail completed application to the address on reverse side. Thank you for your cooperation.