



## ATSSB REGION 8 All-State Scholarship Application

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

Applicant Name: \_\_\_\_\_

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

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City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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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: \_\_\_\_\_

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School years you participated in ATSSB All-State band: \_\_\_\_\_

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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](mailto:sschmidt@madisonvillecisd.org) or write it in the space below and turn it in with the application.

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\_\_\_\_\_  
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.

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\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/guardian

\_\_\_\_\_  
Date