



The Sheryl Erickson Scholarship Award 2020

Application Form

First Name: _____ Last Name: _____

Current Grade Level: _____ Date of Birth: _____

E Mail Address: _____

Home Address: _____

Home Phone Number: _____

Name of High School: _____ Current GPA: _____

Phone Number of High School: _____

Name of School Counselor or Principal: _____

Currently Enrolled in BYC? (Yes or No) _____

How many years have you been enrolled in BYC? _____

Did you participate as a mentor in the BYC Mentor Program? (Yes or No) _____

Did you represent BYC through NW-ACDA Honor Choir? (Yes or No) _____

List the BYC Tours that you attended:

What was your favorite BYC Concert Theme? _____

What was your favorite song you performed with BYC? _____

How do you plan give back to future choristers of BYC as an Alumnus?

