



**The Sheryl Erickson Scholarship Award**  
Application Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Name of High School \_\_\_\_\_ Current GPA: \_\_\_\_\_

Phone Number of High School \_\_\_\_\_

Name of School Counselor or Principal \_\_\_\_\_

How many years have you been enrolled in BYC? \_\_\_\_\_

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 alum?

\_\_\_\_\_