

A Tennessee non-profit and U.S. IRS 501(c)(3) charitable corporation, formed to educate about and perpetuate fiddling as an art form and cultural treasure

Phone: +1 (615) 656-8323

Fax: +1 (615) 656-8955

Matthew Thomas Lin Scholarship

Application Section 1

Applic	cant Information (ALL fields required):		
Name:			
Addres	SS:		
City, S	state, Zip		
Email	Address:		
Phone	: Birth Year:		
Have y	you applied for this scholarship before? (Y/N) If Yes, Date :		
Have you been awarded this scholarship before? (Y/N) If Yes, Date :			
Sectio Educa	on 2 Itional Plans (ALL fields required):		
High S	School graduate? (Y/N) if No, Date of expected graduation?		
Enrolled in College/University (Y/N)			
Yes:	What college/university will you be attending?		
	City and State of college/university		
	Date you started or will start		
	Intended major or field of study		
	Will you need a student loan to finance your education? (Y/N)		
No:	Do you have plans to attend either? If Yes, anticipated Date :		
	Intended major or field of study		
Unwei	ghted GPA:		
Test Scores (if available): ACT Composite:Combined SAT:			
Other	Standardized Test Scores:		



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Section 3 Extracurricular Achievements - Music- related (ALL fields required): Are you a musician? (Y/N) _____ Can you read music? (Y/N) _____ If you answered "Y" that you are a musician, please list up to five (5) instruments and rate your level of proficiency from 1 (can play basic music) to 10 (considered an expert). No. Instrument Level (1-10) 1. 2. 3. 4. 5. Please provide more information about your musical accomplishments, such as performances. awards, charity work, etc. Please provide two (2) references that know you and can discuss your musical accomplishments: Reference 1 Reference 2 Name: Name: Phone: Phone: Email: Email:



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Section 5 Extracurricular Achievements - Non-Music- related (ALL fields required)

Extracurricular Achievements - Non-Music- related (ALL fields required):					
		working in charity or community organization:	s or in ser	vice	
•	answered "Y", please l nany years:	ist up to five (5) organizations you have been	n involved	with and for	
No.	Organization		Total Years	Currently Involved? (Y/N)	
1.					
2.					
3.					
4. -					
5.					
		ences that know you and can discuss your w		:	
Refer	ence 1	Reference 2			
Name	e:	Name:			
Phone	e:	Phone:			
Email		Email:			



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Section 5 Other Information to support your selection to receive this scholarship - you may attach picture or other media if you feel this will further support your application (required):				
After completing this form, please save a copy (WORD or PDF pictures or JPGs are not acceptable) to the website specified in				
As a condition of applying for this scholarship, I grant the Grand Master Fiddler Championship Inc. and its successors the right to use the applicant's information for the purpose of consideration for this award, and any portion thereof, without prior notice or compensation for any purpose and in any media now known or hereinafter devised. Such right shall be irrevocable, extend throughout the universe and inure in perpetuity. Without limiting the generality of the preceding sentence, Grand Master Fiddler Championship Inc. shall keep all right, title and interest in and to the applicant's submission such as performances, recordings, videos and images rendered by contestants in connection with the scholarship and shall not publish any information of a confidential nature. No applicant shall be entitled to receive any wages, benefits, fees or other compensation whatsoever as a result of participating in the Competition. In exchange for his/her participation in the Competition, each contestant agrees to release and indemnify the Grand Master Fiddler Championship Inc. and the officers, directors, agents, parent companies, subsidiaries and employees of each of the foregoing, from any and all claims, demands and/or causes of action of any nature or kind whatsoever, whether presently known or unknown, foreseen or unforeseen, that might arise out of the applicants participation in the Competition.				
Signature:	Date:			
Printed Name:				