



Robert B. Merten “Circle of Fifths” Music Scholarship Guidelines

This scholarship was established in memory of Robert B. Merten, a Presbyterian minister, teacher and musician. Throughout his life he took a strong interest in the young, the elderly and the needy. He was an active volunteer and thoughtful commentator on significant issues. He composed and performed music for several community organizations and functions and was a member of a local band. This award is open to any Potter County senior graduating from any public, private, or home school in Potter County or Port Allegany High School and accepted into college or conservatory in the field of music.

Eligibility Criteria and Check List:

- Full-time resident of Potter County, graduating senior from any public, private or home-school in Potter County or a graduating senior from the Port Allegany High School.
- Accepted into a college or conservatory in the field of music.
- Essay (200-250 words doubled spaced) on “What music means to me and how I plan to make it my career”.
- Must be available to be tested.

Please see your guidance office for deadlines.



Robert B. Merten Circle of Fifths Music Award Scholarship Application

Type or print neatly in black or blue ink. Only complete applications will be considered.

Personal Information:

_____		MI	_____	
Last Name			First Name	
_____			_____	
Street Address			Apt. /Unit Number	
_____	_____	_____	_____	_____
City	State	Zip Code	Home Phone	Cell Phone
Sex: M	F	Date of Birth: _____	_____	_____
		MM/DD/YYYY	Name of High School	Date of Graduation

E-Mail Address

Parental Information:

_____		MI	_____	
Father's Last Name			First Name	
_____			_____	
(If different) Street Address			Apt. /Unit Number	
_____	_____	_____	_____	
City	State	Zip Code	Best Available Phone Number	
_____		_____		
Name of Employer		Employed Since		
_____		MI	_____	
Mother's Last Name			First Name	
_____			_____	
(If different) Street Address			Apt. /Unit Number	
_____	_____	_____	_____	
City	State	Zip Code	Best Available Phone Number	
_____		_____		
Name of Employer		Employed Since		

Employment Information:

Do you currently have a part-time job? _____ if yes: _____

Position

Name and Phone Number of Employer



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Major Field of Study in College:

_____ G.P.A. _____

Name of the university you will attend _____

Anticipated Graduation: _____ SAT Scores _____ or ACT Scores _____

High School _____
Name and County Year Graduated

I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by me (the applicant) to the best of my knowledge.

If I am selected as a recipient of a Community Foundation for the Twin Tiers scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship.

I also agree that my name and photograph can be used in announcements made by the Community Foundation for the Twin Tiers regarding the particular scholarship(s) for which I have been awarded.

I also agree that by signing this I permit my school to give the Community Foundation for the Twin Tiers information regarding my SAT scores or current GPA.

Awards may be used at any accredited, nonprofit college or university within the United States.

Signature of Applicant

Date of Signature