

**ARENDRT FAMILY – UW MANITOWOC FOUNDATION
LAKESHORE WIND ENSEMBLE ASSOCIATION TALENTSHIP APPLICATION**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

INSTRUMENT(S) _____ NUMBER OF YEARS _____

YEAR IN SCHOOL _____ GPA _____

PERFORMANCE ORGANIZATIONS (Including high school band, orchestra, etc.)

MUSIC AWARDS (Solo/Ensemble, etc.)

ACADEMIC AWARDS

To the best of my knowledge, I declare that the information provided is true and correct.

Signature _____

Date _____

Complete and mail to:
Dr. Daniel Ackley
UW Manitowoc-Lakeshore Wind Ensemble
705 Viebahn Street
Manitowoc, WI 54220