

ADELPHI UNIVERSITY/FRIENDS OF OHEKA OTTO KAHN MUSIC AWARD
APPLICATION

Personal Information

Name _____

Address _____

City _____ State _____ Zip _____

County _____ US Citizen Yes No

Telephone (____) _____ S. S. # _____

E-Mail _____

Intended College Major:

THE ADELPHI UNIVERSITY/FRIENDS OF OHEKA
OTTO KAHN MUSIC AWARD

5. Do you believe the student's financial needs are:

(a) Minimal_____ (b) Moderate_____ (c) Severe_____
(Please elaborate if you wish.)

Note: Financial need will be considered, but will not be the sole factor
in the selection of the award winners.

Submitted by _____

Position _____

Telephone Number_____

Signature _____

Dated _____

Thank you for your participation.