THE POTOMAC ORGAN INSTITUTE

Sponsored by the Potomac, District of Columbia, and Northern Virginia Chapters of the American Guild of Organists

Student Application Form

Name	 Date
Street Address	City/State
O Home Phone or O Cell Phone	Email (parent's email if under age 18)
Date of Birth (if age 30 or under to receive a free mem	abership to the AGO)
*Grade *School (if applicable)	
Extracurricular activities during the school	ol year: (if applicable)
How you heard about the Potomac Orga	un Institute:
Where you will practice and for how mar	ny hours:

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Please provide a brief explanation of your interest in organ study, any previous experience with the organ, and anything else that would be helpful to know about your desire to study organ: (attach another sheet if needed)

	tach one or two letters of reference. privately, please use your teacher as one of your refere	nces.
		nces.
If you are currently studying piane	privately, please use your teacher as one of your refere	nces.
If you are currently studying piane	privately, please use your teacher as one of your refere	nces.
If you are currently studying piane	rivately, please use your teacher as one of your refere. Relationship	nces.