



The Gerald Anderson Lutherie  
Wayne C. Henderson School of Appalachian Arts

Gerald Anderson Scholarship Application

203 North Church Street  
Marion, Virginia 24354  
Catherine Schrenker, Executive Director  
276-206-0627 (cell)  
cpoole@marionva.org

**Applicant Information**

Please fill out this form and mail or email to:

The Henderson  
203 North Church Street  
Marion, VA 24354

cpoole@marionva.org

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Previous craft/woodworking experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about The Gerald Anderson Scholarship?

\_\_\_\_\_  
\_\_\_\_\_

Please Describe your goals: What do you plan to do with your luther education? (may use separate sheet )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which session are you interested in attending? Please number 1, 2, 3 for first, second, and third choice.

\_\_\_\_ November 2021 (with a reconvene weekend January 28, 29, 2022)

\_\_\_\_ March 2022 (with a reconvene weekend TBD May or June, 2022)

\_\_\_\_ November 2022 (with a reconvene weekend January 27, 28, 2023)

\_\_\_\_ March 2023 (with a reconvene weekend TBD May or June 2023)

GERALD

*Anderson*  
LUTHERIE

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### References

Please list three professional references:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Company/School \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Company/School \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Company/School \_\_\_\_\_ Email: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree/Diploma/Certification: \_\_\_\_\_

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**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in this application process may result in being disqualified for consideration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_