

Cave Spring High School Band Boosters, Inc.

Senior Scholarship Application

A. Eligibility

1. The student must be a senior who will be accepted to an accredited college or university (which is encompassed by the definition of "educational organizations" under Section 1 70(b)(1)(A)(ii) of the Code).
2. The student must be a member of one of the bands at Cave Spring High School (CSHS).
3. Applicants must establish their desire to further their musical education and provide evidence of financial need and merit.
4. The applicants must submit a completed CSHS Band Booster Scholarship application by the published deadline.

B. Financial Consideration

1. A Scholarship Selection Committee will review the applications and select the recipients. This committee will consist of 3 to 5 members elected annually by the Board of Directors and will be composed of the CSHS band director (s) and qualified individuals in the community (e.g. musicians, band director(s), high school teachers, administrators, or guidance counselors.) The decisions of the committee will be final and the committee reserves the right to reject any and all applications.
2. Scholarships may not be awarded to students whose relative(s) serve as a Scholarship Selection Committee member, Officer, or Director of the CSHS Band Boosters, Inc.
4. This scholarship program will be publicized at the high school through the band director and guidance office.
5. Funds will be paid directly to the college or university for expenses at the beginning of the freshman year

C. Procedures for selecting recipients

1. Notice of availability of and regulations governing this scholarship will be sent to the guidance counselor of Cave Spring High School.
2. Applications shall be returned to the guidance department no later than May 1st.
3. Screening will be done as much as possible from application forms, but the CSHS Band Booster Scholarship Selection Committee reserves the right to request a personal interview.

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Please complete and return this application to your guidance counselor before May 1st.

1. Name: _____
Last
First
Middle

2. Home Address _____
 City _____ Zip Code _____ Phone # _____

3. Date of Birth _____ Age _____ Sex _____
Month
Day
Year
M or F

4. Parent/Guardian's Name _____

5. Parent/Guardian's Occupation _____

6. Date of graduation _____

7. List extracurricular activities and note in what way you participated and any position of responsibility you may have had.

SCHOOL ACTIVITY	YEAR 9 10 11 12	PARTICIPATION/POSITION
COMMUNITY ACTIVITY	YEAR 9 10 11 12	PARTICIPATION/POSITION

8. Were you unable to participate in school or community activities for any reason, such as having a job, etc.? _____

9. Please provide the following information (if applicable):

COMPANY	DATES (TO – FROM)	POSITION/DUTIES

10. List any honors or special recognition you received both in and out of school. _____

11. What special interests, hobbies, and/or talents do you have?

12. List in order of preference the college or institutions to which you have applied.

COLLEGE	2 OR 4 YEAR?	ACCEPTED?	LOCATION	COST (TUITION, ROOM/BOARD)

13. What is your probable major? _____

14. What is your career objective? _____

15. List other scholarships or financial aid that you have received.

NAME OF SCHOLARSHIP/AID	SOURCE	AMOUNT PER YEAR	RENEWABLE/PAYABLE FOR HOW LONG?

16. Please provide information that you feel will assist the committee in its selection.

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CONFIDENTIAL FINANCIAL INFORMATION

The funds available for financial aid are limited. Because the Band Booster scholarships are need and merit based, the applicant's need for financial aid must be carefully evaluated. Please note that all spaces must be marked. If they are not applicable, mark them as such. Feel free to present further details on a separate sheet of paper.

	NAME	OCCUPATION	GROSS MONTHLY INCOME	LIVING IN THE HOME?
Self				
Father				
Mother				
Guardian				

Total gross income as shown on most recent 1040 tax form. _____

Number of persons dependent upon the above income. Include parents, dependent children, aged relatives and other as reported on income tax return. _____

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of persons listed above who are currently enrolled in higher education. _____

How are these students being financed? _____

Please provide extenuating circumstances not given above that further shows your need for financial assistance. (Use back of page if necessary.) _____

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COUNSELOR'S REPORT ON SCHOLARSHIP APPLICANT

To the counselor:

The scholarship committee of Cave Spring High School Band Boosters, Inc. desires the following information concerning the qualifications of _____ who has applied for a scholarship. Any information you may give will be treated as confidential.

1. On what terms do you base your estimate of the applicant? (Check all that apply)

- Personal acquaintance
- Casual acquaintance
- Reports of instructors
- School records
- Personal observations

2. Is the applicant a leader in special activities in the school or community? _____
If so, list leadership positions. _____

3. Please complete the following information:

Student's current cumulative GPA through first semester of senior year: _____ GPA
Student Rank: _____ in class of _____
Student shares this rank with: # _____ of Students

Highest SAT Score: CR _____ Math _____ Writing _____ : Total _____
ACT (if available): Composite _____ Comp. National % _____

Please check the difficulty of this student's program of studies in comparison to those of other college bound students in your school.

Most Challenging Available	Challenging	Somewhat Challenging	Not Challenging At All

4. Please state any further helpful information regarding this applicant. (Feel free to attach any recommendations already written.)

Signed: _____

School: _____