

SYCAMORE MUSIC BOOSTER
2021 SENIOR MUSIC SCHOLARSHIP APPLICATION

The Senior Music Scholarship awarded by the Sycamore Music Boosters is for the SHS graduating seniors who will be majoring in music in college. If we have no music majors, this scholarship will be made available to seniors who will minor in music or have participated and had a presence in one or more of our music programs: orchestra, band, or choir, and may be thinking of participating in music in college. The Senior Music Scholarship of \$750 per scholarship will be awarded to up to three graduating seniors, one in each of the three divisions: vocal, strings, and band, depending on the availability of funds. If a division does not submit an applicant, then that scholarship will go to the next deserving applicant from either of the other divisions. This is a competitive scholarship and the scholarship recipient or recipients will be determined based on the overall quality of the applications submitted. In addition to completing the following information, applicants must provide a copy of their high school transcript with the application, an official signed letter from the college/university indicating the student has been accepted into a music degree program (if you are a music major), and 2 recommendations from music educators using our form. **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED.** Award recipients will be announced at the Senior Awards Night in May. The scholarship check will be made out to the school the student will attend.

Please complete the following section (print neatly or type):

1. Name of Applicant: _____
2. Address: _____
3. Telephone: _____
4. Email: _____
5. Parent/Guardian(s): _____
6. Name and location of College/University you will be attending:

7. What is your intended major? (music performance? Education?)

8. What instrument(s) do you play? _____
9. What vocal part do you sing? _____

10. Have you or any of your family members volunteered in any Music Boosters fundraising events? If so, list how you participated. _____

Signature of Applicant: _____

Please TYPE your responses to the following on separate sheets of paper:

- **Two recommendations from music educators (e.g. private lessons) are required. Please use the forms provided with this application. If you have taken private lessons, please indicate how many years and the name of the instructor**
- **List your school music activities – what and when you participated.**
- **List your non-school activities – what and when you participated.**
- **List your music awards and honors.**
- **If you are a music major please enclose a copy of your School of Music acceptance letter - or an official letter from the college/university you will be attending that states you will be a music major. If you are a music theater major, the major must be within the department/school of music with the major course work in music curriculum.**
- **Write a brief statement about what you have learned from music. In addition, discuss the reasons why you are majoring in music in college.**
- **With your application packet, please provide a signed cover letter demonstrating your interest in the scholarship.**
- **Please provide a copy of your high school transcript.**
- **If you are considering applying as a musical theater major, please contact Shelly Bychowski for further guidelines.**

APPLICATION DEADLINE: April 16, 2021 (Application packets must be received by that date. Late or incomplete applications will not be accepted.)

RETURN APPLICATIONS TO:

**Sycamore Music Boosters
Shelly Bychowski – Scholarship Chair
rsbychowski@gmail.com**

SYCAMORE MUSIC BOOSTER

SENIOR MUSIC SCHOLARSHIP RECOMMENDATION

Applicant: Please complete only the top section of the form.

Today's Date _____

Student Name: _____

Date of Birth: _____

Phone: _____

Primary Instrument: _____

Music Educator: Please complete this form and return it directly to Shelly Bychowski as soon as possible. The student's application will **not** be considered until this form has been received.

Name: _____

Position: _____

School/Employer: _____

Mailing Address: _____

Daytime phone:(____) _____

Email: _____

Relationship to Applicant: _____

How long have you known the Applicant? _____

Please rank the applicant's musical abilities on a scale of 1 to 5. Please use these guidelines when rating your student:

1 - Equals an average high school player.

3 - Equals a student who is an all district player and a good section leader.

5 - Equals a mature undergraduate college student.

- | | | |
|-----------|------------------------|-------|
| A. | Overall musical talent | _____ |
| | Tone quality | _____ |
| | Rhythm | _____ |
| | Intonation | _____ |
| | Technique | _____ |
| | Dynamic Control | _____ |
| | Style/Interpretation | _____ |
| | Music reading skills | _____ |
| | Musical work habits | _____ |

- B.** Positive attitude _____
- Respects teachers _____
- Respects peers _____
- Respects property of others _____
- Works well with others _____
- Curious, seeks out knowledge _____
- Accepts constructive criticism _____
- Responsible/mature _____
- Leadership skills _____

C. Optional: Additional comments. Use the other side of this form or a separate sheet if you need more room.

Signature: _____

Date: _____

Thank you for taking the time to complete this application. We appreciate your support.

**Send to : Shelly Bychowski
rsbychowski@gmail.com**

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rsbychowski@gmail.com**