

Crystal Coast Choral Society Music Scholarship Application

(Application Deadline: January 31, 2024)

Scholarships

For 2024, 2 scholarships will be awarded in the amount of \$500.00 each, payable to accredited community colleges, four year colleges and universities or military academy. Scholarships will only be awarded to students from Carteret and Onslow County Public Schools.

Eligibility

1. Graduating high school senior from Onslow or Carteret County Public Schools.
2. Student must be accepted by an accredited four year college, university or community college or military academy.
3. Student must be planning a major in music (performance, educational or therapeutic.)

Criteria

- 40% Financial need.
- 30% Academic achievement (Transcript, SAT score, Grade Point Average, Class Rank.)
- 30% Other considerations (Extracurricular Activities, unusual circumstances, goals, and aspirations.)

Applicant Selection

Scholarship recipients will be selected by the Crystal Coast Choral Society Music Scholarship Committee based on the information provided in the application and enclosed "Applicant Appraisal" forms. If your application is selected as a finalist, you may be required to submit a copy of the tax return used to complete the application directly to the committee's Certified Public Accountant (CPA).

Application Instructions

1. Complete the entire application. Incomplete or illegible packages can not be considered.
2. Return the three attached "Applicant Appraisals" in sealed envelopes along with the completed application.
3. Attach an official transcript of grades. (Online transcripts and grade reports are not acceptable.)
4. Return the completed application to your School Guidance Counselor no later than **January 31, 2024.**

Confidentiality

All information in this application is confidential and will be disclosed only to members of the Crystal Coast Choral Society Music Scholarship Committee for the exclusive purpose of selecting scholarship recipients.

Scholarship Information

If you have questions concerning the scholarship criteria or eligibility, please contact Scholarship Chairperson: Jerry Albright (252) 354-1962.

Please Note: This scholarship is intended to help reduce the out-of-pocket college expenses such as tuition and fees, course related expenses such as books, supplies, and equipment. Room and board, travel, research, clerical help, and non-required equipment are not qualified education expenses (per the IRS.) If you receive a full scholarship to any university, college, military academy, you are ineligible for this scholarship.

Please type or print all information except signatures. **Application deadline: January 31, 2024**

Applicant Information

Last Name _____ First _____ Middle _____

Mailing address _____ Apt # _____

City/Town _____ State _____ Zip _____

Telephone () _____ - _____ Alternate Phone () _____ - _____

Date of Birth: Month _____ / Day _____ / Year _____

Are you related in any way to any Crystal Coast Choral Society Member? Yes _____ No _____

If "yes", who is the Member and how are you related? _____

High School Data

School Name: _____ Graduation Date: Month _____ Year _____

Transcript Information

An official transcript of grades must accompany this application. On-line transcripts and grade reports are not acceptable. This section should be completed by the appropriate school official.

Applicant ranks _____ in a class of _____, Grade Point Average _____ SAT Score _____

School Official's Signature _____ Title _____ Date _____

Colleges/Universities Applied to: _____

Parents' Financial Data

Information in this section is necessary to determine financial needs of the applicant and should be completed by the applicant's parent(s)/guardian. Only the parents' financial information should be included. Do not include financial information for the applicant. Please use your most recently completed income tax return to complete the income items.

Important Note: Because financial need is an important part of recipient selection, income reported on the application may be verified by the Scholarship Committee's CPA. If your application is selected as a finalist, a copy of the tax return used to complete the application must be submitted directly to the Committee's CPA, if so requested. (The tax returns will not be available to any other person and will be viewed in strict confidence by the CPA.)

From Parents' Federal Income Tax Return:

Adjusted Gross Income \$ _____ Total U.S. Federal Income Tax \$ _____

Total Income of Father (from W-2): \$ _____ Total Income of Mother (From W-2): \$ _____

Yearly untaxed income/benefits (such as Social Security, Child Support, VA Benefits)

other: _____ \$ _____

Total number of family members living in the household and primarily supported by the listed income: _____

Total number of family members (including applicant) attending college at least half-time during the next school year: _____

Selection of Recipients

The Crystal Coast Choral Society Music Scholarship Committee has sole responsibility for selecting recipients based on information provided in this application. I acknowledge decisions of the Committee, approved by the Board of Directors of the Crystal Coast Choral Society as final. I certify that I meet the basic eligibility criteria and the information provided is complete and accurate to the best of my knowledge. I further certify that I have not received a full scholarship. Falsification of information may result in termination this scholarship.

Applicant's Signature: _____ Date: _____

Unusual Circumstances (if any)

Are there any unusual family or personal circumstances that have affected your achievement in school, your participation in school and community activities, or your work experience? If "Yes", please describe.

Goals and Aspirations

Make a brief statement or summary of your plans as they relate to your:

A. Educational Objectives

B. Career Goals

C. Personal Goals in Life

Applicant Appraisal (Required)

(One appraisal must be completed by your music director; the other two appraisals may be completed by your high school counselor or advisor, an instructor, a work supervisor, or someone who knows you well (non-related adult.)

Appraiser: You have been asked to provide information in support of this application. Please give serious attention to the following statements. When complete, please return to the applicant in a sealed envelope. (No additional documents or letters of recommendation will be considered in this evaluation.)

Applicant's Name: _____

Circle most appropriate response.

The applicant's choice of a post-secondary educational program is:	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
The applicant's achievements reflect his/her ability:	Extremely Well	Very Well	Moderately Well	Not Well
The applicant's ability to set realistic and attainable goals are:	Excellent	Good	Fair	Poor
The quality of the applicant's commitment to school and/or community is:	Excellent	Good	Fair	Poor
The applicant is able to seek, find, and use learning resources;	Extremely Well	Very Well	Moderately Well	Not Well
The applicant demonstrates curiosity and initiative:	Extremely Well	Very Well	Moderately Well	Not Well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks:	Extremely Well	Very Well	Moderately Well	Not Well
The applicant's respect for self and others is:	Excellent	Good	Fair	Poor
The applicant has high ethical and moral standards:	Very High	Good	Fair	Poor

Comments: _____

Appraiser's Name: _____ **Title:** _____ **Telephone** _____
Street _____ **City** _____ **State** _____ **Zip** _____
 (Business Address)
Signature: _____ **Organization:** _____ **Date:** _____

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Comments: _____

Appraiser's Name: _____ Title: _____ Telephone _____

Street _____ City _____ State _____ Zip _____
 (Business Address)

Signature: _____