

# ***Tennessee Division I & Division II State Marching Band CHAMPIONSHIPS***

## ***2005 Scholarship Application Form***

### **ALL SCHOLARSHIP APPLICATIONS WILL REMAIN CONFIDENTIAL**

All bands that participate in the Division I & Division II State Championships are invited to submit applicants from their unit who are high school seniors. The Scholarship Awards Committee, participating colleges, and sponsoring corporations only, will review scholarship applications. Every person processing these applications is expected to keep all information confidential. A proper review of each applicant's academic, artistic, and personal achievements will be made.

Applications for 2005 Scholarships must be post marked (please do not require a signature when shipping) **NO LATER THAN October 1, 2005** and sent to the following address:

Band Scholarship  
Attn: Mr. Scott Adkins  
1335 Long Hollow Pike  
Gallatin, TN 37066

The following guidelines regarding the scholarships have been established:

1. The recipient must be in his/her senior year of high school
2. The recipient must attend a college or university, not a trade school or vocational school.
3. The recipient must be an active marching member of a unit who will attend the 2005 Tennessee State Division I or Division II Championship.
4. Scholarship(s) granted will be paid directly to the recipient's college/university.
5. All applicants will be considered for Corporate Scholarships, but must limit his/her college scholarship selections to two.
6. Selections for College Scholarships will be made by the college/university music representative.
7. A committee consisting of the Division I & II Host Awards Committee and a representative from each sponsoring corporation will make selections for Corporate Scholarships.
8. Applicants are to contact the Division I & II Host Awards Committee only. There should be no contact initiated by the applicant with the corporate/college sponsor.
9. All scholarships will be presented at the Tennessee State Division I or II Championship.

### **PLEASE ENCLOSE THE FOLLOWING:**

1. High School transcripts (including explanation of system, i.e. 4 point, etc.) and ACT/SAT scores.
2. Letter of Recommendation from your Band Director
3. Two letters of recommendation from individuals other than your Band Director, preferably teachers
4. Photograph of applicant
5. Two Video Tapes of proper audition material, including but not limited to: 8 of 12 major scales (utilizing 2 octaves where possible) and two prepared etudes or solo excerpts (one technical, one lyrical). Remember to send one tape per college/university; corporate scholarships do not require a taped audition.
6. Signatures of Participant, Parent/Guardian and Band Director.

# 2005 Scholarship Information

## PERSONAL DATA

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Number of siblings \_\_\_\_\_ Are any involved in band? \_\_\_\_\_

## LOCAL NEWSPAPER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
School News Editor (if applicable) \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_

City & State \_\_\_\_\_ Year in school \_\_\_\_\_

Please list all colleges to which you will be applying:

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

**BAND INFORMATION**

With what band are you performing in 2005?

\_\_\_\_\_

How long have you been a member? \_\_\_\_\_

List the different band organizations, the instruments/equipment that you play and how long you have played them.

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

Please check all that apply:

- \_\_\_\_\_ Solo/Ensemble Division I ratings Year(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- \_\_\_\_\_ All State Bands \_\_\_\_\_ Year(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- \_\_\_\_\_ All West, All Mid, All East Clinic Bands (Jr. High) Year(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- \_\_\_\_\_ All West, All Mid, All East Clinic Bands (H.S.) Year(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- \_\_\_\_\_ College Honor Band Festivities
- \_\_\_\_\_ Year & Location \_\_\_\_\_
- \_\_\_\_\_ Year & Location \_\_\_\_\_
- \_\_\_\_\_ Year & Location \_\_\_\_\_
- \_\_\_\_\_ Masterclasses and Symposia Attended
- \_\_\_\_\_ Year & Location \_\_\_\_\_
- \_\_\_\_\_ Year & Location \_\_\_\_\_
- \_\_\_\_\_ Year & Location \_\_\_\_\_
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

**ANSWER THE FOLLOWING IN THE SPACE PROVIDED:**

Academic progress, including grade point average, courses, extenuating circumstances and challenges overcome in your academic endeavors.

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

Extracurricular activities, including all scholastic, recreational and civic activities. Identify accomplishments and responsibilities for these activities.

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

Future plans: List your plans and goals for post-high school education. Where do you see yourself in five years?

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Why do you want or need this scholarship?

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Please provide names, positions, addresses, and telephone numbers for your three references. It is recommended that persons serving as references are not family yet know the applicant well, e.g., teacher, employer, neighbor, minister, family friend.

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone, with Area Code \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone, with Area Code \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone, with Area Code \_\_\_\_\_

***I certify that the above and enclosed information is complete and true. My permission is given to the selection committee to obtain additional information pertinent to my academic, musical, and social record.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***I have reviewed the above information and recommend this member for the Division II Marching Band Championship Scholarship Program.***

Signature of Band Director \_\_\_\_\_

Printed Name of Band Director \_\_\_\_\_

Band \_\_\_\_\_ Date \_\_\_\_\_