Jeanette M. Russell Scholarship Fund

Scholarship Application Form

For
Students in grades 6 - 11

Application Deadline: March 2, 2018

All applications must be **postmarked or received on or before 5 p.m. on March 2, 2018** by the Gold Coast Jazz Society.
No applications will be accepted after the deadline date.
The Gold Coast Jazz Society does not accept applications by fax.

All applicants will receive written notification of their status. **Finalists will be required to perform before a panel of judges in the Jeanette M. Russell Jazz Scholarship Competition on April 21, 2018 and will be notified of their performance time.** A live backline of piano, bass and drums will be provided for accompaniment purposes.

Send applications to:

Gold Coast Jazz Society
1350 East Sunrise Boulevard
Fort Lauderdale, FL 33304
(954) 524-0805
The Gold Coast Jazz Society
Jeanette M. Russell Scholarship Fund

Scholarship Eligibility

- For instrumental or vocal student wishing to pursue an education in music with emphasis on jazz studies
- Economically disadvantaged: Based on family size and median local income.
- Florida resident

Scholarships for students in grades 6-11 are for one summer music camp with an award up to $1,500. This scholarship must be used in the summer of the current year. Scholarship tuition is paid directly to the summer music camp institution. Reimbursement of travel expenses may be provided to a parent or guardian to and from the camp facility with the inclusion of proper receipts.

An applicant or scholarship recipient may re-apply each year for a new scholarship.

Annual scholarships are awarded in memory of Lady Jazz and St. Louie Ray.

Competition Requirements: All finalist will be required to perform in person in a live audition in order to best illustrate your musical abilities. A live backline (piano, bass and drums) will be provided for the competition.
The Gold Coast Jazz Society
Jeanette M. Russell Scholarship Fund

SCHOLARSHIP APPLICATION
Type or Print all information
DO NOT CUT AND PASTE OR TAPE INFORMATION

APPLICANT DATA

NAME:
Last First M.I.

ADDRESS:
Street City Zip

TELEPHONE: ( ) EMAIL: ____________________________ APPLICANT’S AGE: ______
Area Code

INSTRUMENT PLAYED ______________________ OR VOCAL PART_____________

HOW LONG HAVE YOU BEEN PLAYING? ______

ACCEPTED FOR AREA ALL-STATE? ______ ACCEPTED FOR HONORS BAND/CHORUS? _______

LIST PERFORMING GROUPS IN WHICH YOU HAVE PARTICIPATED ____________________________.

PARENT(S) OR GUARDIAN DATA

Please provide the name, address and phone number of the parent(s) or guardian you reside with.

NAME:
Last First Names

ADDRESS:
Street City Zip

TELEPHONE: ( ) RELATIONSHIP TO STUDENT:__________________________ i.e., Mother & Father, One parent only, Aunt, Grandparent, etc
Area Code

EMAIL: ____________________________________________

STUDENTS IN GRADES 6-11

MIDDLE OR HIGH SCHOOL DATA

Name of School ____________________________ Grade ______

Music camp you would like to attend ____________________________

Have you attended a music camp in the past?______________ If so, which one?______________
ACTIVITIES, AWARDS AND HONORS

List both school and volunteer/community activities in which you have participated in during the past years (i.e., solo and ensemble, district and/or state competition, student government, sports, band, chorus, etc. and/or hospital volunteer, church work, babysitting, etc.).

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<th>Activity</th>
<th>Grade</th>
<th>Special Awards/Honors</th>
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SCHOOL DATA

TO BE COMPLETED BY A SCHOOL OFFICIAL (guidance counselor or BRACE advisor)

(______) School Official’s Name – Please print Title Phone #

School Official’s Signature Date

Address City State Zip

Principal’s Name – Please print

Principal’s Signature Date

APPLICATION CHECKLIST

This application is complete and valid only when you have returned one copy of the following materials:

1. This completed application with the parent/student and notary signatures. (Signatures are required on Pages 6 & 7)
2. Your income information and your parent/legal guardian’s income information as described in application.
3. A letter of recommendation from a school music teacher.

YOUR APPLICATION WILL NOT BE CONSIDERED IF THERE ARE ANY BLANKS OR MISSING INFORMATION.
FINANCIAL DATA

NAME OF APPLICANT’S PARENT OR GUARDIAN: ____________________________

HEAD OF HOUSEHOLD: YES _______  NO _____

NUMBER OF PERSONS IN HOUSEHOLD: NO. _____

NUMBER OF PERSONS IN HOUSEHOLD AGED 18 OR OLDER: NO. ________

NUMBER OF PERSONS IN HOUSEHOLD UNDER AGE 18: NO. _____

ANNUAL ADJUSTED GROSS INCOME: $___________ (Line 34 of most recent form 1040 or Line 4 of most recent Form 1040EZ) Please attach copy of Page 1 & Page 2 page of your most recent 1040 (if you do not file a 1040 or if your 2017 Form 1040 is unavailable, attach copies of your most recent W-2s and 1099s).

PLEASE EXPLAIN ANY EXTENUATING FINANCIAL CIRCUMSTANCES:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
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Estimate Coast of Attending Camp (These figures are provided by camp) $ 

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<th>Description</th>
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<td>Tuition</td>
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<td>Room or Rent (including utilities)</td>
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<td>Board or Food</td>
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<td>Books and Supplies</td>
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<td>Transportation (airfare, train, bus, etc.)</td>
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<td>Other: (Please list)</td>
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TOTAL COSTS $ 

Estimated Financial Aid Resources $ 

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<th>Description</th>
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<td>Expected Contribution from Parents</td>
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<tr>
<td>Expected Contribution from Student’s savings or work</td>
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TOTAL RESOURCES $ 

REMAINING FINANCIAL NEED (Subtract total resources from total costs) $ 

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<th>Description</th>
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<tr>
<td>REMAINING FINANCIAL NEED</td>
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I hereby certify and swear that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of the Gold Coast Jazz Society.

Parent or Guardian’s Signature ___________________________ Date __________

STATE OF FLORIDA
COUNTY OF ____________

The foregoing instrument was acknowledged before me this ____ day of 2018 by

___________________________________________________
(Printed name of parent or guardian)

Notary Public--State of Florida

Personally Known __________________________

Print Notary Name : __________________________

Produced Identification _________________________

My Commission Number is: ____________________

Type of Identification _________________________
(Produced)

My Commission Expires: _______________________

Your complete application must be postmarked or delivered to the office of the Gold Coast Jazz Society by 5:00 p.m. on March 2, 2018.

Applications received after March 2, 2018 will not be accepted.

Mail or hand deliver application to:
Scholarship Committee
Gold Coast Jazz Society
1350 East Sunrise Boulevard
Fort Lauderdale, FL 33304
(954) 524-0805

If you have any questions, please contact Gold Coast Jazz Society at 954-524-0805.

Disclaimer
It is hereby understood and acknowledged that Gold Coast Jazz Society (GCJS) and its officers, directors, agents, servants and employees are not liable or otherwise responsible for direct or consequential damages claimed, or alleged by any scholarship applicant or his or her heirs, assignees, agents, parents or guardians as a result of, or arising from the applicants participation in the competition or any associated function or performance; or, as a result of GCJS’ administration, judging and granting of awards as part of this program. All decisions by the GCJS are final and are not subject to appeal, question or review of any type and said decision shall be based solely on the information submitted by the applicant and the subjective evaluation of the applicant’s competitive performances.

__________________________  ________________________
Applicant’s Signature          Date

__________________________  ________________________
Parent or Guardian’s Signature Date
Gold Coast Jazz Society
Jeanette M. Russell Scholarship Fund

RECOMMENDATION FORM

The student named below is applying for a music scholarship administered by the Gold Coast Jazz Society. Your recommendation is needed as part of the application process. **This form is to be filled out by a school music official.** Please complete this form and immediately return it to the applicant in a sealed envelope with your signature across the flap, so he or she may submit it as part of a total package. The application deadline is **March 2, 2018. This form may be duplicated for additional recommendations.**

**To be completed by applicant:**

Applicant’s name: ____________________________

Home Address: __________________________________________________________

School you plan to attend next fall: __________________________________________

Course of study you plan to pursue: __________________________________________

**To be completed by reference:**

Please rate the applicant in the following categories on a scale of 1 to 5. (5 the highest ranking/1 the lowest)

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<th>2</th>
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<td>Character</td>
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<td>Cooperation</td>
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<td>Initiative</td>
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<td>Intellectual Ability</td>
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<td>Practice habits</td>
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On a separate sheet of paper, please write a brief appraisal of the applicant’s qualification and motivation to pursue the course of study listed above. Please put student’s first and last name on the top right hand corner of the paper. Use only one side of the sheet of paper. Do not write on the back of this form. Do not staple forms together. Thank you.

( )

Name of Reference – Please print

Title

Daytime Phone #

Signature of Reference

Date

Address

City

State

Zip

**RETURN TO APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE FLAP.**