

# GOLD COAST SOCIETY

## Jeanette M. Russell Scholarship Fund

### Scholarship Application Form

#### For Class of 2017 Graduating High School Seniors

#### Application Deadline: March 3, 2017

All applications must be postmarked or received on or before 5 p.m. on March 3, 2017  
by 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 in the Jeanette M. Russell Jazz Scholarship Competition on April 22, 2017 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

# Jeanette M. Russell Scholarship Fund

## Eligibility

- Application for full-time enrollment at a college or university for the study of jazz instrumental or jazz vocal performance.
- Economically disadvantaged: Based on family size and median local income.  
(Note: It will be necessary for you to complete a **2017-2018** Free Application for Federal Student aid (FAFSA) and receive a Student Aid Report (SAR) containing your Expected Family Contribution (EFC) prior to filing this application. You can complete a FAFSA on line at [www.fafsaed.gov](http://www.fafsaed.gov).)
- Florida residency
- Grade point average (GPA) of 2.5 (based on 4 point scale) or above during previous academic year
- Recommendation from school music official

## Competition Requirements

**All finalists must perform a 5-6 minute audition, best illustrating your ability. A live backline of piano, bass and drums will be provided for the applicant.**

## Award Amount

An annual scholarship award for tuition that may be awarded an applicant will be determined by the Scholarship Committee based on competition results and monetary availability each year. One-half (1/2) of such award will be paid, each semester, directly to the college or university on behalf of the student. Summer tuition is not eligible for payment.

### Notes:

- Students must submit a copy of the letter<sup>1</sup> indicating college admission to the school of their choice. This letter and the student's class schedule must be submitted to GCJS prior to any payments being made to a college or university for the fall semester on behalf of the student.
- The total financial assistance awarded a student from all sources including scholarships and grants (but excluding loans and work-study programs) cannot exceed the total cost of attendance for the award period less the Expected Family Contribution (EFC)<sup>1</sup>. In the event a student's scholarship award causes this limit to be exceeded, the amount of the GCJS Jeanette M. Russell Scholarship awarded to the student will be adjusted to eliminate the over award.

In order for the second half of an award amount to be paid for the spring semester, the student must have maintained a GPA of 2.5 or above for the previous semester and continue full-time enrollment studying jazz instrumental or jazz vocal performance at a college or university. Also a copy of fall or previous grade transcript must be provided.

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

<sup>1</sup> The "Expected Family Contribution" (EFC) is the number that's used to determine a student's eligibility for federal student financial aid. This number results from the financial information provided in a FAFSA application. A student's EFC is reported to the student on a Student Aid Report (SAR)

<sup>2</sup> An "acceptance letter" from a school states admission. You may also provide the type of amount of financial aid the school is willing to provide if you accept admission and register to take classes at that school.

# The Gold Coast Jazz Society Jeanette M. Russell Scholarship Fund

No Staples Please

## 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: \_\_\_\_\_

Instrument played \_\_\_\_\_ or vocal \_\_\_\_\_ How long have you been playing? \_\_\_\_\_

Accepted for Area All State? \_\_\_\_\_ Accepted for Conference All State? \_\_\_\_\_ Accepted for Honors Band/Chorus? \_\_\_\_\_

List performing groups in which you have participated \_\_\_\_\_ Dates \_\_\_\_\_

Other music awards received \_\_\_\_\_ Dates \_\_\_\_\_

### 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: \_\_\_\_\_  
Area Code i.e., Mother & Father, One parent only, Aunt, Grandparent, etc.

EMAIL: \_\_\_\_\_

### HIGH SCHOOL & POST SECONDARY DATA

Name of High School \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Name of Post-secondary school you plan to attend. If unknown, list schools in which applications for admission have been sent.

1<sup>st</sup> Choice \_\_\_\_\_ Location: \_\_\_\_\_  Accepted  Applied  
City State

2<sup>nd</sup> Choice \_\_\_\_\_ Location: \_\_\_\_\_  Accepted  Applied  
City State

4 yr. College or University  2 yr. Community College

Enrollment status:  Full-time

Major or courses of study \_\_\_\_\_ Anticipated date of graduation \_\_\_\_\_  
Month/Year

## ACTIVITIES, AWARDS AND HONORS

List both *school and volunteer/community activities* in which you have participated in during the past four 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.). You may attach a separate listing.

| Activity | Circle school year(s) involved  | Special Awards/Honors |
|----------|---|-----------------------|
|          | 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup><br>12 <sup>th</sup> |                       |
|          | 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup><br>12 <sup>th</sup> |                       |
|          | 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup><br>12 <sup>th</sup> |                       |
|          | 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup><br>12 <sup>th</sup> |                       |
|          | 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup><br>12 <sup>th</sup> |                       |

## TRANSCRIPT DATA

Applicant *must* include an official high school transcript, which *includes the last semester grades* and have the following section *completed and signed* by a school official.

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

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ .

Applicant's cumulative **Grade Point Average:** \_\_\_\_\_

I certify this data is from the **7-14<sup>th</sup> semester official transcript**.

|                                       |       |        |         |
|---------------------------------------|-------|--------|---------|
| School Official's Name – Please print | Title | (    ) | Phone # |
| School Official's Signature           |       |        | Date    |
| Principal's Name – Please print       |       | (    ) | Phone # |
| Principal's Signature                 |       |        | Date    |

**FINANCIAL INFORMATION**

NAME OF APPLICANT’S PARENT OR GUARDIAN:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First Names

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. \_\_\_\_\_

2016 ANNUAL ADJUSTED GROSS INCOME: \$ \_\_\_\_\_ (Line 34 of most recent form 1040 or Line 4 of most recent Form 1040EZ). **Please attach Pages 1 and 2 of most recent 1040 (if you do not file a 1040 or if your 2016 Form 1040 is unavailable, attach copies of your most recent W-2s and 1099s.**

PLEASE EXPLAIN ANY EXTENUATING FINANCIAL CIRCUMSTANCES: (attach any documents or information you believe should be considered)

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Have you received a Student Aid Report (SAR)? \_\_\_\_\_. If “yes”, please attach a copy. (Note: This application cannot be processed without a SAR containing an EFC).

Expected Family Contribution (EFC) (**contained on upper right portion of SAR**): \_\_\_\_\_

Have you received an award letter from the college or university you plan to attend? \_\_\_\_\_. If “yes”, please attach copy. If “no”, a copy of the award letter will be required to be supplied to the GCJS prior to the payment of any scholarship award being made to a college or university on a student’s behalf.

## FINANCIAL INFORMATION

**PLEASE COMPLETE THE REQUIRED INFORMATION BELOW**

|  |    |
|--|----|
| <b>Estimate Yearly Cost of Attending School</b> (These figures are provided by school) | \$ |
| Tuition  |    |
| Room or Rent (including utilities)   |    |
| Board or Food  |    |
| Books and Supplies   |    |
| Transportation   |    |
| Other: (Please list)   |    |
|  |    |
| <b>TOTAL COSTS</b>   | \$ |

**PLEASE COMPLETE THE REQUIRED INFORMATION BELOW:**

**SCHOOL-RELATED SCHOLARSHIPS, AWARDS, HONORS**

List awarded scholarships, awards, honors, etc. **expected** for 2017 - 2018. Include year anticipated.

|                                |                      |
|--------------------------------|----------------------|
| <u>Scholarship/Award/Honor</u> | <u>Year Received</u> |
|--------------------------------|----------------------|

## CERTIFICATION AND SIGNATURE

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. (If you currently reside with a parent, they are required to include their signature)

|                     |      |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

OR

|                                |      |
|--------------------------------|------|
| Parent or Guardian's Signature | Date |
|--------------------------------|------|

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of 2017 by

\_\_\_\_\_  
 (Printed name of parent or guardian)

\_\_\_\_\_  
**Notary Public – State of Florida**

Personally Known \_\_\_\_\_  
 Produced Identification \_\_\_\_\_  
 Type of Identification \_\_\_\_\_

Print Notary Name: \_\_\_\_\_  
 My Commission Number is: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

**Disclaimer**

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.

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Applicant's Signature

Date

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Parent or Guardian's Signature

Date

**APPLICATION CHECKLIST**

This application is complete and valid *only* when you have returned the following materials:

1. This **completed** application with parent/student and notary signatures. (Signatures are required on Pages 6 and Page 7.)
2. Your official high school transcript which *includes the 7-14<sup>TH</sup> semester grades.*
3. Your income information *and* your parent/legal guardian's income information as described in application. (Including copy of Page 1 and 2 of your parents' Form 1040 (if they do not file a Form 1040 or if their 2016 Form 1040 is unavailable, copies of their 2016 W-2's and 1099's).
4. A letter of recommendation by a school music official.
5. A copy of your Student Aid Report (SAR) which contains an Expected Family Contribution (EFC).

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

Your **completed** application *must be postmarked by or delivered to* the office of the **Gold Coast Jazz Society** by **5:00 p.m.** on **March 3, 2017.** Applications received after the deadline *will not be accepted.*

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

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

No Staples Please

# 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 3, 2017. 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)

|                      | 5     | 4     | 3     | 2     | 1     | Unknown |
|----------------------|-------|-------|-------|-------|-------|---------|
| Character            | _____ | _____ | _____ | _____ | _____ | _____   |
| Cooperation          | _____ | _____ | _____ | _____ | _____ | _____   |
| Initiative           | _____ | _____ | _____ | _____ | _____ | _____   |
| Intellectual Ability | _____ | _____ | _____ | _____ | _____ | _____   |
| Responsibility       | _____ | _____ | _____ | _____ | _____ | _____   |
| Practice habits      | _____ | _____ | _____ | _____ | _____ | _____   |

**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.**