

GOLD COAST SOCIETY

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

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

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.).

Activity	Grade	Special Awards/Honors

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: _____
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. _____

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:

Estimate Coast of Attending Camp (These figures are provided by camp)	\$
Tuition	
Room or Rent (including utilities)	
Board or Food	
Books and Supplies	
Transportation (airfare, train, bus, etc.)	
Other: (Please list)	
TOTAL COSTS	\$
Estimated Financial Aid Resources	\$
Expected Contribution from Parents	
Expected Contribution from Student's savings or work	
TOTAL RESOURCES	\$
REMAINING FINANCIAL NEED (Subtract total resources from total costs)	\$

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.

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.

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

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 2, 2018. This form may be duplicated for additional recommendations.**

To be completed by applicant:

No Staples Please

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.

