



**NEWTON TREBLE CLEF CLUB  
SCHOLARSHIP APPLICATION**

*The purpose of this scholarship is to provide financial assistance to current graduating Newton High School seniors who are furthering their careers through higher educational pursuits through a college or university. Qualified individuals are those pursuing a major in music.*

*Finalist(s) may be asked to perform at the Newton Treble Clef Club meeting. The number of students awarded and the dollar amount given is based on money available as well as the talent and work ethic of those applying. The recipient(s) will be announced at the Newton High School Awards Ceremony.*

*This scholarship may be renewable for one (1) year, depending on number of applicants and fund availability.*

**Application due April 1, 2015**

**Section I.** Information to be supplied by applicant.

New Applicant     Renewal

Student Name: \_\_\_\_\_  
  First  Middle  Last

Date of Birth: \_\_\_\_\_  Male     Female

Permanent Address: \_\_\_\_\_  
  Number/Street  
\_\_\_\_\_  
  City  State  Zip

Home Phone: (\_\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_\_)\_\_\_\_\_

Email Address *(Please do not use your high school email address)*: \_\_\_\_\_

Father or Guardian *(if under 18 years old)*

Name: \_\_\_\_\_  
  First  Last

Mother or Guardian *(if under 18 years old)*

Name: \_\_\_\_\_  
  First  Last

What high school are you currently attending or did you attend?

Academic classification for the Fall semester:

- Freshman       Sophomore       Junior       Senior       Graduate Student

What college or university do you plan to attend during the Fall semester?

What is your admission status to the college, university, or vocational school listed above?

- Pending       Admitted       Denied       Wait List

College or University Address: \_\_\_\_\_  
Number/Street

\_\_\_\_\_ City State Zip

Student ID # (if available): \_\_\_\_\_

Have you been accepted into the above college or university's music study?

- Yes       No

Entry Classification (*voice, piano, violin, etc.*): \_\_\_\_\_

College or University Address: \_\_\_\_\_  
Number/Street

\_\_\_\_\_ City State Zip

Student ID # (if available): \_\_\_\_\_

Will you be attending college full time during the Fall semester?     Yes       No

What career are you pursuing? Please elaborate (*specialty area/emphasis of study, etc.*).

Music Teachers (*List most recent teacher first.*):

Name: \_\_\_\_\_  
  First  Last

Date of Study: \_\_\_\_\_

Place of Study: \_\_\_\_\_

Name: \_\_\_\_\_  
  First  Last

Date of Study: \_\_\_\_\_

Place of Study: \_\_\_\_\_

Name: \_\_\_\_\_  
  First  Last

Date of Study: \_\_\_\_\_

Place of Study: \_\_\_\_\_

Name: \_\_\_\_\_  
  First  Last

Date of Study: \_\_\_\_\_

Place of Study: \_\_\_\_\_

Performing Experience (*List most recent solos performed first.*):

List any competitions or festivals in which you have been a solo participant.

Name of Event: \_\_\_\_\_

Year: \_\_\_\_\_

Rating: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Year: \_\_\_\_\_

Rating: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Year: \_\_\_\_\_

Rating: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Year: \_\_\_\_\_

Rating: \_\_\_\_\_

List any music groups in which you have performed with during your high school years.

List any high school and/or community activities (*e.g., clubs, debate, student government, fine arts, youth programs, athletic programs, music, scouting, church*) that you have been involved in within the past four (4) years. Please provide number of years you contributed to each activity and if you held a leadership role.

Please list special recognitions, awards, and/or honors you have received within the past four (4) years. Include honorary organizations in which you belong or have belong.

Write a paragraph telling why you are interested in furthering your education and what ambitions you are wanting to fulfill in the future.

**Section II.** Information to be supplied by recommender.

\*Provide one (1) **SEALED** letter of recommendation and attach to application. Parents, immediate family members, and school counselors/advisors are NOT eligible to write the letter of recommendation. (*Letter of Recommendation Form attached.*)

Please list recommender below.

Recommender: \_\_\_\_\_

\*\*\*\*\*

I certify the information provided in this application is accurate and complete to the best of my knowledge. I understand failure to provide full documentation or falsification of credentials will result in disqualification of this application. In the event I receive a scholarship award and elect not to attend school during that school year, the award will be returned to the Newton Treble Clef Club Scholarship Fund.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**LETTER OF RECOMMENDATION FORM**

Applicant Name: \_\_\_\_\_

**To Recommender:** The above named applicant is applying for a scholarship from the Central Kansas Community Foundation. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. On a separate page, please make a statement describing the applicant's character, school, and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses, not to exceed one page in length. To insure confidentiality, please return this form and recommendation letter to the student in a sealed envelope with your signature across the seal.

Recommender

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Number/Street  
\_\_\_\_\_  
City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant so it may be included along with the application. Remember - parents, immediate family members, and school counselors/advisors are not eligible to write the evaluation. Only one copy of this is necessary due to the secure, confidential nature of the document.

Central Kansas Community Foundation manages the Newton Treble Clef Club Scholarship Fund. If you have questions or need further information, please contact Chancy Gerbitz at [chancy@centralkansascf.org](mailto:chancy@centralkansascf.org) or 316.283.5474. Additional information posted at [www.centralkansascf.org](http://www.centralkansascf.org).

**Section III.** Information to be supplied by Newton High School Guidance Counselor.

**ACADEMIC VERIFICATION FORM**

***Attach a copy of applicant's most recent transcript.***

I certify that the student listed below is a student in good standing and is in line to graduate at the end of this school year. I have verified their GPA, ACT and/or SAT composite score, and Class Ranking below.

Student Name: \_\_\_\_\_

High School GPA: \_\_\_\_\_ ACT Composite Score: \_\_\_\_\_ SAT Composite Score: \_\_\_\_\_

Class Rank: \_\_\_\_\_

Will/did the student listed above complete the Kansas Precollege or Kansas Scholars Curriculum?

Yes     No

Date of high school graduation will be \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

Print Counselor Name: \_\_\_\_\_

**Please submit this application form along with:**

- One (1) letter of recommendation;
- Copy of your most recent transcript;
- Senior Picture.

**Completed applications should be submitted to  
Newton High School Music Coordinator.**

*Central Kansas Community Foundation manages the Newton Treble Clef Club Scholarship Fund. If you have questions or need further information, please contact Chancy Gerbitz at [chancy@centralkansascf.org](mailto:chancy@centralkansascf.org) or 316.283.5474. Additional information posted at [www.centralkansascf.org](http://www.centralkansascf.org).*