

JEAN AND VIRGINIA COLEMAN MUSIC 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. Candidates are those who are involved in school and/or community musical activities and plan to continue to promote the enjoyment of music for self and others through musical activities and/or performance beyond college.

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 future years, depending on number of applicants and fund availability.

Application due April 1, 2015

□ Freshman

□ Sophomore

□ Junior

New Applicant □ Reno	ewal			
tudent Name:	Firet		Last	
ate of Birth:		□ Male □ Female	2	
ermanent Address:				
		Number/Street		
City		State		Zip
•	Cell Phone: (·	Zip
Tome Phone: ())		·
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fome Phone: ()mail Address (<i>Please do no</i> ather or Guardian (<i>if under</i>	ot use your high schoo 18 years old)	ol email address):	Last	·
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□ Senior

☐ Graduate Student

College or University Address:		
	Number/Street	
City	State	Zip
Student ID # (if available):		
Will you be attending college full time	e during the Fall semester? □ Yes	□ No
What career are you pursuing? Please	elaborate (specialty area/emphasis of s	etudy, etc.).
What is your anticipated tuition for the	e upcoming school year? \$	
Have you been granted any other scho	larships and/or grants for the coming so	chool year?
□ Yes □ No		
If so, please list the name of all other s value.	scholarships and/or grants in which you	have been granted including their
Number of dependents in your family	(including self):	
Number of people living in your house next semester (<i>including self</i>):	ehold who will be attending college as	a full-time or part-time student

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

Are there any special financial circumstances that will affect your education?
□ Yes □ No
If yes, please share any relevant information that helps demonstrate your current financial situation.
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.



Please state how you plan to use music in the future for your own enjoyment and the enjoyment of others.
What are your plans after college graduation?
5 P a σ a

Write a brief statement about your educational goals, career objective	ves, and long-term goals.
************	*****
I certify the information provided in this application is accurate and understand failure to provide full documentation or falsification of this application. In the event I receive a scholarship award and elect the award will be returned to the Jean and Virginia Coleman Music	credentials will result in disqualification of anot to attend school during that school year,
Applicant Signature	Date

Section II.	Information	to be supplied	by recommenders.

*Provide three (3) **SEALED** letters of recommendation (one (1) from a Newton High School faculty member and two (2) from community members) and attach to application. Parents, immediate family members, and school counselors/advisors are NOT eligible to write the letter of recommendation. (Letter of Recommendation Forms attached.)

Please list recommenders below.
Newton High School Faculty Member:
Community Member:
Community Member:

LETTER OF RECOMMENDATION FORM

Newton High School Faculty Member

Applicant Name:		
To Recommender: The above named applicant Community Foundation. Your evaluation is need authorized you to release any information you for cooperation in providing this information is implease make a statement describing the applicant potential to succeed, and evidence of the student To insure confidentiality, please return this form envelope with your signature across the seal.	eded as part of the application process. Seel would be helpful in reviewing his/leportant to the selection of award recipient's character, school, and community at's strengths and weaknesses, not to expend the selection of the selection of award recipient's character, school, and community at the selection of t	The student has her application. Your ents. On a separate page, leadership abilities, secend one page in length.
Recommender		
Name:First		
First	La	ast
Address:	Number/Street	
	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 <u>seal and sign</u> 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.

LETTER OF RECOMMENDATION FORM

Community Member

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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	La	ast
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 <u>seal and sign</u> 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.

LETTER OF RECOMMENDATION FORM

Community Member

Applicant Name:	
To Recommender:	The above named applicant is applying for a scholarship from the Central Kansas

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	La	st
Address:		
	Number/Street	
City	State	
·	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 <u>seal and sign</u> 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.

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 □ Yes □ No	e complete the Kansas Precolle	ge or Kansas Scholars Curriculum?
Date of high school graduation	will be	,·
Counse	elor Signature	Date
Print Counselor Name:		

Please submit this application form along with:

- Three (3) letters of recommendation;
- A copy of your most recent transcript.

Completed applications should be submitted to Newton High School Guidance Counselor, emailed to angela.weidenbener@usd373.org, or mailed to

Ms. Angela Weidenbener
c/o Newton High School
900 W. 12th St.
Newton, KS 67114.