

THE JAMES HARGREAVES MEMORIAL SCHOLARSHIP

- APPLICATION -

SECTION I: IDENTIFICATION

1. Name: _____

2. Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone: () _____ Email: _____

SECTION III: PROPOSED PROGRAM OF STUDY

1. Name or nature of proposed programs: _____

2. Name of School or Private Teacher: _____

Geographical Location (City/Province/Country): _____

3. Have you received acceptance: _____ Yes _____ No _____ Not yet notified

4. Program Start Date: _____

5. Contact Name (*at School or Studio*): _____

Phone: () _____ Email: _____

6. Describe the role music has played in your life. (*use additional paper if needed and attach to application*)

7. Why you have chosen to study music and what are your educational expectations?

8. What are your long-term musical goals and objectives?

SECTION IV: OTHER INFORMATION

1. Please provide any additional information you feel would assist the Scholarship Selection Committee.

2. Please list the name and phone number of the person, other than your Band Director, who will submit a completed Reference Form.

Name: _____ **Phone Number:** () _____

Applicant's Signature: _____ **Date:** _____

Mail completed application, recording and letters of recommendation to:

Jim Forde
c/o Nova Scotia Band Association
17 Coronet Avenue, Halifax NS B3N 1L4
Phone: (902) 479-0298 E-mail: jimforde@eastlink.ca

NSBA Use Only

Date Application Received: _____ *Post-Secondary Acceptance Verified:* _____

Comments: _____

**THE JAMES HARGREAVES MEMORIAL SCHOLARSHIP
- REFERENCE FORM -**

Name of Applicant: _____

Name: of Reference: _____

Phone: () _____ **Email Address:** _____

Reference's Position:

Number of years you have known the applicant: _____

1. Please state in what association you have known the applicant:

2. Please describe the applicant's current musical strengths:

3. Please comment on the applicant's commitment to music:

4. Please circle the appropriate ranking:

Excellent Good Above Average Average

a. Musical Potential	A	B	C	D
b. Interest	A	B	C	D
c. Suitability for program of study	A	B	C	D
For those who have taught the applicant:				
d. Progress in studies	A	B	C	D
e. Standing in your class	A	B	C	D

5. Please add any other comments:

Signed: _____ **Date:** _____

WHEN COMPLETED PLEASE PLACE IN A SEALED ENVELOPE AND RETURN TO THE APPLICANT - THANK YOU.