

JAMES H. HARGREAVES MEMORIAL SCHOLARSHIP FUND

Administered by The Nova Scotia Band Association



The James H. Hargreaves Memorial Scholarship fund provides for a \$500 cash prize to be awarded annually to a graduating High School student who has been accepted for further musical study at a recognized Post-secondary institution

James H. Hargreaves

James was prominent in the Canadian world of music as a virtuoso performer, renowned conductor, and gifted teacher. Considered one of the foremost music directors of wind ensembles in Canada, he built programs that trained a generation of instrumental teachers. He was a graduate of the Royal Academy of Music, the Royal College of Music and Trinity College of Music in London, England. A gifted soloist in all styles he was principal trumpet in Her Majesty's Scots Guards and a CBC Radio recording artist. In 1970, he attended Crane School of Music, State University of New York and was a full professor at the St. Francis Xavier University School of Music from 1970 until his retirement in 1999.

James Hargreaves was the founding Music Director and Conductor of the Nova Scotia Youth Wind Ensemble from 1991 to 1999, conductor of the National Youth Band of Canada in 1996, member of the Maritime Jazz Orchestra and an adjudicator and clinician across Canada.

His many awards included the Canadian Band Association Distinguished Band Director Award and the Nova Scotia Music Educators' Association Musica Viva Award in 2001. Whether at the podium or in the classroom, Jim was a master teacher, respected by his colleagues and loved and admired by his students who remember him for his inspiration and support, and the impact he had on their musical lives. The James H. Hargreaves Memorial Scholarship Fund was established after his death in December 2003.

Rules and Regulations

- A. The applicant's band director or private music instructor must be a member in good standing of **The Nova Scotia Band Association**.
- B. To be eligible, the applicant must be graduating this school year and must have received acceptance for musical study at a recognized post-secondary institution and have auditioned on a **woodwind, brass, percussion, or string bass instrument**.
- C. The application must be accompanied by **two (2) references** (form attached). The applicant's School or Community Band Director must complete one of the reference forms. References can be placed in sealed envelopes by the writers and returned to NSBA by the applicant along with their fully completed application. Or your references can be emailed directly to NSBA at: nsband@accesswave.ca
- D. A post-secondary contact name, phone number and e-mail address must be provided.
- E. It is the applicant's responsibility to ensure that the application form, and the two references are forwarded or emailed to the address shown at the bottom of the application form.

DECISIONS OF THE ADJUDICATION PANEL ARE FINAL
APPLICATION DEADLINE: May 30, 2018



THE JAMES HARGREAVES MEMORIAL SCHOLARSHIP - APPLICATION

SECTION I: IDENTIFICATION

1. Name: _____
2. Address: _____
- City/Town: _____ Province: _____ Postal Code: _____
- Telephone: () _____ Email: _____

SECTION II: MUSICAL BACKGROUND

1. Instrument(s) Played: _____
2. Number of years of Instruction: _____ (1) Private: _____ (2) School: _____
3. Band Director's Name: _____
4. Is Band Director a member of the Nova Scotia Band Association: _____
- School or Community Band Name: _____
- School or Community Band Address: _____
- City/Town: _____ Province: _____ Postal Code: _____
- Phone: () _____ Email: _____
5. Musical ensembles in which you have performed: *(use additional paper if needed and attach to application)*
- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____
6. Please list any awards you have received: *(use additional paper if needed and attach to application)*
- | | |
|-------|----------------------|
| _____ | Date Received: _____ |
| _____ | Date Received: _____ |
| _____ | Date Received: _____ |

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 have you 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: _____

By submitting this application, I consent to my name and/or photograph published on the NSBA Web site and in the NSBA Bi-Weekly Newsletter.

Mail or scan and email the completed application and letters of recommendation to:

**Hope Gendron
Nova Scotia Band Association
721 Windmill Road
Dartmouth, Nova Scotia
B3B 0J7
Email: nsband@accesswave.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 or email directly to NSBA at:**

nsband@accesswave.ca