

SCHOLARSHIP APPLICATION COVER

Brian Wallace Memorial Scholarship

By the Band Boosters

I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship granted.

I grant permission for Garrett High School Guidance Office to release a copy of my transcript to the individual or group responsible for awarding or administering this scholarship.

Student Signature

Date

Parent/Guardian Signature

Date

GARRETT BAND BOOSTERS

P.O. BOX 246 Garrett, Indiana 46738

BRIAN WALLACE MEMORIAL SCHOLARSHIP

One \$500 scholarship will be given annually, as funds allow, by the Garrett Band Boosters in memory of Brian Wallace.

- 1. Eligibility: Qualifying Senior must be active in Band or Flags.**
- 2. Student does not have to be pursuing a career in music. However, continuing education should result in the award of a degree or diploma. This scholarship is not available for extra-curricular course work.**
- 3. Candidates will be selected by applying the following criteria:**
 - Attitude**
 - Degree of effort**
 - Service (number of years participated in band)**
- 4. Any interested band senior will be required to fill out an application, stating what they feel their qualifications are, according to the above criteria.**
- 5. Applications and letters should be completed and returned to Guidance by the deadline announced by the Guidance Office each year.**
- 6. Final selection will be made by the Band Director, two members of the Executive Committee (not having seniors in school) and one other teacher or administrator.**
- 7. The scholarship will be paid directly to the institution of higher learning. The funds must be paid to the recipient's post-secondary institution by February 15th of the following year, or the scholarship will be forfeited.**
- 8. Recipients are encouraged to obtain matching funds from the institution of higher learning.**

Please tell us in your own words why you feel that you deserve this scholarship, and what you feel your qualifications are according to our list of criteria:

GARRETT SCHOLARSHIP

NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ DIPLOMA TYPE _____

FATHER'S NAME _____

Occupation/Employer _____

MOTHER'S NAME _____

Occupation/Employer _____

Check if applicable: Father deceased Mother deceased Parents divorced

Ages of other children in your family _____ Number of family members in college _____

School you are planning to attend _____

City / State of School _____ Full-time student Part-time student

Intended Major _____ Accepted Applied-awaiting decision

Career Goal _____

Living arrangements: On-campus Off-campus (independently) Off-campus (with family)

School or Community Activities in which you have participated or positions held in High School

Please include any workshops attended (may attach separate page):

<u>Activity</u>	<u># of Years</u>	<u>Leadership Positions, Awards, Recognition</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience:

Why applicant desires scholarship and how it will be used:

I understand that if awarded this scholarship, it may be sent directly to the college, university or technical college I am attending upon showing proof of enrollment.

Signature of Applicant