



UNDERGRADUATE MUSIC MAJORS

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**ROB BUCK MEMORIAL
MUSIC SCHOLARSHIP APPLICATION**

Deadline – May 1st. NO LATE APPLICATIONS ACCEPTED

Criteria: Undergraduate music major attending an accredited four year school. Applicant must be a Chautauqua County High School or Eisenhower High School graduate.

Requirements

for eligibility:

1. Complete the applicable fields in the following application (Type or Print).
2. A letter of recommendation from your music teacher.
3. A copy of the applicant's most recent transcript.
4. All finalists must perform a short **live** audition, best illustrating your ability, for the committee. Applicants are strongly encouraged to have an accompanist.
5. Return application, essay, transcript and letter of recommendation to the **Chautauqua Region Community Foundation, 418 Spring Street, Jamestown, NY 14701 (716) 661-3390.**

Name _____ Male/Female _____

Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Social Security # _____ Phone # _____

Parents/Guardians _____ Phone # _____

Address(if different from above) _____

Complete the fields in the box below:

I am presently attending (check one):		High School _____	College _____
Name and Address of School _____			
Grade/Year _____	Expected date of graduation _____		
I will be attending _____ college/university			
Musical career choices: A _____ B _____			
NYSSMA Rating _____	Level _____		
Accepted for Area All State? _____		Accepted for Conference All State? _____	
List instrument(s) played or Voice _____			

List in the box below all other performing groups in which you have participated:

List in the box below all other Honors Groups to which you were selected or participated in:

In the space below, type an essay answering the following question: “Discuss a special attribute or accomplishment that sets you apart”.

(This brief statement **MUST BE TYPED** AND **INSERTED IN THE SPACE BELOW**)

I hereby affirm, under penalty of loss of any award I may win, that the information above is correct and promise to notify the Chautauqua Region Community Foundation of any changes immediately.

Signature _____ **Date** _____