



Dr. Frank Foster Scholarship Fund

2009 Scholarship Application Form

Application Deadline: January 21, 2009

All applications must be **postmarked or received on or before 5 p.m. on January 21, 2009**
by Break The Glass Foundation.

No applications will be accepted after the deadline date.

All applicants will receive written notification of their status. **Finalists will be required to perform at the 3rd Annual Jazz Legends Festival, March 7, 2009 at the Sandler Center for the Performing Arts, Town Center, Virginia Beach and will be notified of their performance time.** A live backline of piano, bass and drums will be provided for accompaniment purposes.

Send applications to:

Break The Glass Foundation
P.O. Box 2606
Chesapeake, Virginia 23327
(757) 749-7941

Dr. Frank Foster Scholarship

SCHOLARSHIP ELIGIBILITY

The scholarship is award annually to four (4) graduating high school students who have demonstrated his or her proficiency in jazz as an instrumentalist or vocalist in jazz performance. Students who play jazz on instruments that are not usually associated with jazz performance (i.e violin) are also encouraged to apply for scholarship. The student must attend an accredited public or private high school or accredited home school program and reside in one of the surrounding cities: Virginia Beach, Suffolk, Chesapeake, Hampton, Newport News, Norfolk, or Portsmouth. Candidates should be graduating seniors at the end of the school year and must provide evidence of acceptance to an accredited 4-year college or university, or a 2-year community college. U.S citizenship or permanent legal U.S residency is required. It is **NOT** required that they attend college in the state of Virginia. The student must submit evidence of their musical proficiency and participation as a jazz performer during high school, and describe their plans for continued involvement as a jazz musician while in college. The candidate is **NOT** required to be a music major while in college. BTG requires that **ALL** of the following information should be submitted by the application deadline to be considered for the scholarship:

1. Application form, typed, word processed or printed legibly, including the brief essay portions.
2. Official sealed high school transcript that demonstrates a minimum 2.5 GPA.
3. Two letters of recommendation, with at least one from a band, orchestra, choir or musical theater director or teacher who has had significant involvement in your jazz education. Their letter should describe your involvement as a jazz performer. If the candidate has served in a leadership role (band president, student council representative, etc.) in activities related to music or in other extracurricular activities, the letter should describe such activities.
4. Evidence of your community service performed during high school – it is not required that your community service was performed in a music environment or venue.
5. All four items listed above must be submitted in a single package by January 21, 2009. The **minimum scholarship award will be \$1,000.00**. The potential for a larger award exists. The scholarship will be given in the form of check payable to the selected individual for his or her use for school related expenses, which could include, but are not limited to, the purchase of music, support for additional music lessons, travel expenses related to auditions or performances, the purchase of instruments or to support the copyright of original music. The award will be announced at the 3rd **Annual Jazz Legends Festival**. **Recipients of the Dr. Frank Foster Scholarship** may be required to perform at the 3rd **Annual Jazz Legends Festival**. BTG Foundation reserves the right to terminate the scholarship program at any time.

SCHOLARSHIP REQUIREMENTS

All finalists must perform a 5-6 minute audition, best illustrating your ability. A live backline of piano, bass, and drums will be provided for the applicant.

Break The Glass Foundation Dr. Frank Foster Scholarship Fund

SCHOLARSHIP APPLICATION

Type or Print all information

DO NOT CUT AND PASTE OR TAPE INFORMATION

APPLICANT DATA

NAME: _____
Last First M.I.

ADDRESS: _____
Street City Zip

TELEPHONE: () _____ EMAIL: _____ APPLICANT'S AGE: _____

Instrument played _____ or vocal _____ How long have you been playing? _____

Accepted for Area All State? _____ Accepted for Conference All State? _____ Accepted for Honors Band/Chorus? _____

List performing groups in which you have participated _____ Dates _____

Other music awards received _____ Dates _____

PARENT(S) OR GUARDIAN DATA

Please provide the name, address and phone number of the parent(s) or guardian you reside with.

NAME: _____
Last First Names

ADDRESS: _____
Street City Zip

TELEPHONE: () _____ RELATIONSHIP TO STUDENT: _____
Area Code i.e., Mother & Father, One parent only, Aunt, Grandparent, etc.

HIGH SCHOOL & POST SECONDARY DATA

Name of High School _____ Graduation Date: Month _____ Year _____

Name of Post-secondary school you plan to attend. If unknown, list schools in which applications for admission have been sent.

1st Choice _____ Location: _____ Accepted Applied
City State

2nd Choice _____ Location: _____ Accepted Applied
City State

4 yr. College or University _____

Enrollment status: Full-time Part-time _____

Major or courses of study _____ Anticipated date of graduation _____
Month/Year

ACTIVITIES, AWARDS AND HONORS

List both *school and volunteer/community activities* in which you have participated in during the past four years (i.e., solo and ensemble, district and/or state competition, student government, sports, band, chorus, etc. and/or hospital volunteer, church work, babysitting, etc.).

Activity	Circle school year(s) involved	Special Awards/Honors
	9 th 10 th 11 th 12 th	
	9 th 10 th 11 th 12 th	
	9 th 10 th 11 th 12 th	
	9 th 10 th 11 th 12 th	
	9 th 10 th 11 th 12 th	

TRANSCRIPT DATA

Applicant *must* include an official high school transcript, which *includes the last semester grades* and have the following section *completed and signed* by a school official.

TO BE COMPLETED BY A SCHOOL OFFICIAL (guidance counselor or BRACE advisor)

Applicant ranks _____ in a class of _____ .

Applicant's cumulative **Grade Point Average:** Weighted: _____ Unweighted: _____

I certify this data is from the **7-14th semester official transcript.**

School Official's Name – Please print	Title	()
		Phone #
School Official's Signature		Date
Principal's Name – Please print		()
		Phone #
Principal's Signature		Date

CERTIFICATION AND SIGNATURE

I hereby certify and swear that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of the Break The Glass Foundation.

Applicant's Signature

Date

Parent or Guardian's Signature

Date

Witness: _____ Date ____/____/____

Notary _____ Date ____/____/____

Of _____ County. State of _____.

(Notary Stamp)

APPLICATION CHECKLIST

This application is complete and valid *only* when you have returned three copies of the following materials:

1. This **completed** application with proper signatures. (Signatures are required in at least three places.)
2. Your official high school transcript which *includes the 7-14th semester grades*.
3. Your income information *and* your parent/legal guardian's income information as described in application.
4. A letter of recommendation from a school or music teacher.

YOUR APPLICATION WILL NOT BE CONSIDERED IF THERE ARE ANY BLANKS OR MISSING INFORMATION.

Your **completed** application *must be postmarked by or delivered to* Break The Glass Foundation, P.O. Box 2606, Chesapeake, Virginia 23320 by **5:00 p.m.** on *January 21, 2008*. Applications received after the deadline *will not be accepted*.

You *may not fax any* portion of your application.

Mail or hand deliver application to:
Break The Glass Foundation
P.O. Box 2606
Chesapeake, Virginia 23320

If you have any questions, please contact the Break The Glass Foundation at 757-749-7941.

Disclaimer

Break The Glass Foundation (BTG) and its officers, directors, agents, servants and employees are not liable or otherwise responsible for direct or consequential damages claimed, or alleged by any scholarship applicant or his or her heirs, assignees, agents, parents or guardians as a result of, or arising from the applicants participation in the competition or any associated function or performance; or, as a result of BTG's administration, judging and granting of awards as part of this program. All decisions by the BTG are final and are not subject to appeal, question or review of any type and said decision shall be based solely on the information submitted by the applicant and the subjective evaluation of the applicant's competitive performances.

Applicant's Signature

Date

Parent or Guardian's Signature

Date

No Staples Please

Break The Glass Foundation

RECOMMENDATION FORM

The student named below is applying for a music scholarship administered by the Break The Glass Foundation. Your recommendation is needed as part of the application process. **This form is to be filled out by a school music official.** Please complete this form and immediately return it to the applicant in a sealed envelope with your signature across the flap, so he or she may submit it as part of a total package. **The application deadline is January 21, 2009. This form may be duplicated for additional recommendations.**

To be completed by applicant:

Applicant's name: _____
Home Address: _____
School you plan to attend next fall: _____
Course of study you plan to pursue: _____

To be completed by reference:

Please rate the applicant in the following categories on a scale of 1 to 5. (5 the highest ranking/1 the lowest)

	5	4	3	2	1	Unknown
Character	_____	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Intellectual Ability	_____	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____	_____
Practice habits	_____	_____	_____	_____	_____	_____

On a separate sheet of paper, please write a brief appraisal of the applicant's qualification and motivation to pursue the course of study listed above. Please put student's first and last name on the top right hand corner of the paper. Use only one side of the sheet of paper. Do not write on the back of this form. Do not staple forms together. Thank you.

Name of Reference – Please print Title () Daytime Phone #

Signature of Reference Date

Address City State Zip

RETURN TO APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE FLAP.