



The Edgewater High School Band Alumni Association Inc.

A 501(c)3 Registered Non Profit Organization

P.O. Box 13, Gotha, Florida 34734

www.ehsbaa.org

The Kenneth Pierce Memorial Award

Each year the Edgewater High School Band Alumni Association's Kenneth Pierce Memorial Award is available to all grade school students in the Edgewater High School district and Central Florida pursuing a music-related education who can provide proof of a financial need for assistance to remain in those programs.

All applications and related documents must be received by the Music Education Committee by 3:00pm on the last Wednesday of each month.

NOTE: Applications Open December 1, 2014

Goal of the Award

To provide \$250.00 to a \$1000.00 Award to students that seek financial assistance as they continue to participate in the music-related art form of their choice. It is the intent of the award fund to grow each year so that many other students may be able to receive financial support from these funds.

Eligibility Requirements:

1. Completed application form
2. Two letters of recommendation (one school-based and one community-based)
3. A Brief Written Statement
4. Your extra curricular activities
5. Your Academic Average
6. A list of you Awards and Community Service.
7. Proof of Financial Need
8. Personal Interview
9. Photograph
10. Camp Information: Must be a minimum of 90 days prior to start date.
11. Private Lesson Information
12. Teacher/Professor Signature

Verification of Information

1. The Music Education Committee reserves the right to verify information submitted in support of the applicant seeking the award.
2. Authorization is granted for the release of supportive information by the school to the Edgewater High School Band Alumni Association for the above purpose.

Allowable Expenses

The Kenneth Pierce Memorial Award can be used for private lessons, camps and workshops, tuition (program fees), books, class materials and approved school related educational expenses and fees.

Administration of Award Funds

1. Award Funds will be awarded upon official all criteria are met
2. The Award is paid in the name of the recipient directly to the institution listed on the application. (Note: there are some exceptions)
3. If the award recipient should relinquish the award. The Music Education Committee may select a new recipient from the applications on file for the current award year.

Applicant Information

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Birth Date: _____ Amount requested \$ _____

Up to \$250.00

Extra Curricular activities _____

Academic Average _____ Awards and Community Service _____

Financial Need Requirement

Student is eligible for free or reduced lunch benefits _____yes _____no

Financial Need Brief Statement _____

CERTIFICATION:

By submitting this application, I certify that the information provided is true, complete, and correct to the best of my knowledge and belief.

Signature of Student: _____

Signature of Parent/Guardian if under 18: : _____

Date: _____

For EHSBAA Use Only:

In the event that there are more students than awards the following criterion will be used to assist us in making our award determination: Extra Curricular Activities, Academic Average, Brief Written Statement, Awards and Community Service, Financial Need, and Interview Personal.

		Applicant's Score
Extra Curricular activities	15.0 points	_____
Academic Average	15.0 points	_____
Brief Statement	15.0 points	_____
Awards and Community Service	15.0 points	_____
Financial Need	20.0 points	_____
Interview	20.0 points	_____
Total Potential Points	100 points	_____

Application and Attachments

- 1 Submitted completed application _____
- 2 Submitted letters of recommendations _____
- 3 Submitted the Brief Statement _____
- 4 Enclosed a recent picture _____
- 5 Submitted Camp/Workshop information _____
- 6 Submitted Private Lesson information _____
- 7 Submitted a certified copy of your current school report card _____

Note: Only complete applications will be considered

Amount Awarded \$ _____

EHSBAA Official Signature _____ Date _____

Check Number _____