



**COLUMBUS GROVE BAND BOOSTERS SCHOLARSHIP**

**2024-2025 APPLICATION FORM**

**Eligibility:** Columbus Grove senior band members

**Deadline:** To be **RECEIVED** by May 1

**Available:** One \$500 scholarship

**Evaluation by Columbus Grove Band Booster Scholarship Committee and/or Officers**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

GPA \_\_\_\_\_

Name of postsecondary institution you plan to attend and intended major:

\_\_\_\_\_

List all highlights and accomplishments of your high school career in band (ex. awards, honors, musical organizations, section leader, band officer, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all community activities/organizations you have participated in that reflect your passion for band:

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Attach a typed statement of 250 words or less and include the following information:

1. Your future goals and how you plan to achieve these goals.
2. Significant people and/or events that have influenced you.
3. How being a member of the Columbus Grove Band has impacted your life.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

All materials **MUST** be included with this application:

- \* Application form plus any additional sheets
- \* Essay Statement
- \* Two teacher recommendations

Application and materials due to Columbus Grove Band Boosters no later than May 1<sup>st</sup>, 2025.

Please submit to the Boosters' drop box located in the band room next to Mr. Lozer's office.

Questions??? E-mail: [bandboosters@cg.noacsc.org](mailto:bandboosters@cg.noacsc.org)

Thank you for your interest!

**COLUMBUS GROVE BAND BOOSTERS  
MEMORIAL SCHOLARSHIP**

**2024-2025 TEACHER RECOMMENDATION FORM**

This form is to be completed by TWO high school teachers the applicant has/had in the last two years. Information from this form will be held in the strictest confidence and will only be used with other application materials to make scholarship decisions.

Student Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

How long have you known the student and in what capacity? \_\_\_\_\_

Teacher's contact number or email \_\_\_\_\_

Please rate the student based on the following criteria by clearly circling the appropriate number corresponding to the scale.

1 = *Below Average*      2 = *Average*      3 = *Above Average*      4 = *Outstanding*

<b>Motivation</b>	1	2	3	4
<b>Disciplined work habits</b>	1	2	3	4
<b>Intellectual ability</b>	1	2	3	4
<b>Academic achievement</b>	1	2	3	4
<b>Effective class discussion</b>	1	2	3	4
<b>Potential for growth</b>	1	2	3	4
<b>Leadership skills</b>	1	2	3	4
<b>Self-confidence</b>	1	2	3	4
<b>Social and emotional maturity</b>	1	2	3	4
<b>Independence and initiative</b>	1	2	3	4
<b>Self discipline and responsibility</b>	1	2	3	4
<b>Dedication to follow through</b>	1	2	3	4
<b>Reaction to setbacks</b>	1	2	3	4
<b>Cooperation</b>	1	2	3	4
<b>Academic integrity and honesty</b>	1	2	3	4
<b>Respect afforded by faculty</b>	1	2	3	4
<b>Respect afforded by students</b>	1	2	3	4

Please comment on the applicant's academic strengths and weaknesses.

Additional comments in support of this applicant's consideration for selection to receive this award?

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_