

Goose Creek Memorial High School Band Boosters Club Scholarship



Participant # _____ (to be filled in by Booster Member)

The GCM Band Boosters Scholarship was established in 2009 to recognize the most outstanding senior band participant of the year. The criteria for this scholarship are broken into several areas. The recipients are students that have demonstrated during the course of the marching seasons, concerts, regionals, and competitions the qualities which clearly define and illustrate his/her character and leadership abilities as well as dedication to the Patriot Band and Color Guard.

The GCM Band Boosters Club has agreed to fund this scholarship at \$1,000 for a minimum number of two (2) recipients set by the scholarship committee and the board committee for the Class of 2024. The award is for one year and is non-renewable. The scholarship shall be presented at the GCM Band Spring Concert May 2024. Applicants must have participated in a band program with at least four(4) years of high school concert band, or four(4) Color Guard/ Winter Guard and including four(4) years of full participation in marching band. Participation for GCM Band Booster Club is not required, however it is part of the extra point system. Please keep in mind for every participation year the more points are added. Application includes activities, musical and non-musical honors or achievements, essay, college acceptance letter and current high school transcript.

Scholarship Criteria Check List:

Required

- Complete scholarship application of all required paperwork
- Senior Band/Guard Member 4 years participation
- Transcript Minimum 2.50 grade point average (GPA)
- Financial Letter of good standing with band/color guard (Request from Band Director)
- A letter of recommendation from a band/color guard director
- Typed Essay
- Applicants must be a full-time college student carrying a minimum of twelve hours per semester to receive scholarship.
- Submit All required items by deadline established by the GCM Guidance Office.

Optional

- Not Required - Parent/Guardian Band Booster Member 1-4 years participation (part of the point system)
- Not Required - College Acceptance Letter (optional, extra points)

Important Notice: Scholarship check will be issued to the recipients college student aid office after verification of enrollment (VOE). Funds are to be used for tuition, books, and/or fees. The recipient will be responsible for contacting the GCM Band Boosters Club President at gcmbandboosters@gmail.com to complete process to receive the funds in their student account.

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Applicant Name: _____

Essay

Answer the following question with minimum of 200 words or more. This is an essay not a summary which needs to be typed with font set at Times New Roman, size 12 with single spaced lines.

Prompt: How has the Band/Color Guard Program at GCM affected my Education?

Goose Creek Memorial High School
Band Boosters Club Scholarship
Information Form



Name: _____

Phone:(____)____-____ Email: _____

Cumulative GPA: _____ / _____ weighted/non-weighted

Leadership Roles, Honors as a band member:

1. _____
2. _____
3. _____
4. _____

College you received an acceptance letter: _____

Do you plan to major in music?(circle one) Yes / No

School Extracurricular Activities: _____

Community Service: Hours _____ Activities: _____

REQUIRED:
Include a letter of recommendation from a GCM Band and/or Color Guard Director.

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Scholarship Application Form

Name of Applicant: _____ Date: _____

Phone: HOME (____)____-____ CELL(____)____-____ OTHER(____)____-____

Mother/Guardian:
Name: _____

Band Boosters Y / N
How Many Years? _____

Father/Guardian:
Name: _____

QUESTIONNAIRE:

College you plan to attend: _____

What do you plan to study? _____

What career path do you expect to follow? _____

How do you plan to finance your education? _____

REFERENCES:

Please furnish two(2) or more references who may be contacted about your character, standing in school, community involvement, etc.

1. Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Phone: (____)____-____ ext: _____

2. Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Phone: (____)____-____ ext: _____

3. Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Phone: (____)____-____ ext: _____