



# **SYRACUSE BRIGADIERS ALUMNI ASSOCIATION**

## **SCHOLARSHIP APPLICATION**

Please note the following:

- This scholarship is intended for seniors and current college students planning on continuing in the music and/or marching arts.
- There is no limit on the number of applicants from each color guard; however, the director is required to sign the last page of each in order for the application to be considered.
- Applications must be post-marked no later than March 3, 2017 for consideration.
- All applications should be sent to:

**Syracuse Brigadiers Alumni Association  
PO BOX 1623  
Cicero, NY 13039**

**1. PERSONAL INFORMATION:**

Name \_\_\_\_\_

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

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Current Age \_\_\_\_\_

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

Current Unit you are performing with \_\_\_\_\_

Are you employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_

How Long? \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Hours per week? \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_



**4. ADDITIONAL INFORMATION:**

Student leadership and/or community positions you have held:

Clubs/Organizations and/or community activities you are active in:

Career Goals:

**5. Essay:**

Please write a one to two page essay answering BOTH of the following questions regarding your marching and musical arts experience.

- a. How do you plan to continue to incorporate the musical and marching arts into your future after this year?
  
- b. Please explain how you plan to use your experiences in the music and marching arts to further your education.

**6. CERTIFICATION:**

I certify that all the enclosed information is accurate and true.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18)

*I have reviewed the enclosed information, and can verify that this member meets the qualifications for the 2017 Syracuse Brigadiers Alumni Association Scholarship.*

Director's signature \_\_\_\_\_

Unit \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH:**

**-3 Letters of recommendation (at least one from non-guard related individuals).**

This application will be kept confidential and viewed ONLY by the members of the selection committee.