

2018 SCHOLARSHIP APPLICATION
ROGENE RUSSELL SCHOLARSHIP
OF THE DALLAS FOUNDATION

Norma and Don Stone have established a scholarship program in honor of the heroic efforts of Rogene Russell and Doug Howard who have helped students who otherwise would have no means to continue their musical studies and education. This scholarship will assist students from Booker T. Washington High School or the Fine Arts Chamber Players programs who show an aptitude for classical composition, instrumental music, or voice, and who have the desire to pursue a college degree but require financial assistance to do so.

Eligibility Requirements:

You are eligible to apply for the Rogene Russell Scholarship if you satisfy the following criteria:

1. You are a graduating senior or alumni of Booker T. Washington High School OR a current student or alumni of the Fine Arts Chamber Player's music education initiatives.
2. You are planning to enroll in, or are currently attending an undergraduate program at an accredited two-year or four-year college, university, or conservatory of music in the United States.
3. You are able to show artistic merit in classical composition, instrumental music, or voice.
4. You are able to demonstrate financial need.

Please submit the following to The Dallas Foundation at the address below on or before **MARCH 2, 2018**:

- Completed application form
- A short personal statement written by you
- At least one, but no more than two letters of recommendation from a music teacher
- An official high school transcript

Please be advised that you may also be asked to perform your musical talent before the Scholarship Selection Committee, at a time that is mutually convenient.

Please submit your completed application to:

The Dallas Foundation
ATTN: Scholarships
Reagan Place at Old Parkland
3963 Maple Avenue, Suite 390
Dallas, Texas 75219

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(Please type or print neatly in black or blue ink)

CONTACT INFORMATION:

Student Name: _____
Mr./Ms. First MI Last

Permanent Address: _____
Street Address

_____ City State Zip Code

E-mail Address: _____

Telephone Number: _____

HIGH SCHOOL INFORMATION:

High School: _____

Graduation Date: _____
(month and year)

Please choose the appropriate classical music involvement:

- Composition Voice Instrumental

If instrumental,
what instrument(s): _____

COLLEGE INFORMATION:

COLLEGE OR UNIVERSITY OR VOCATION SCHOOL FOR WHICH YOU ARE REQUESTING AID: List below the name of the school for which you are requesting aid, the location, the cost of attendance, and whether or not you have been accepted. The cost includes tuition and fees, on-campus room and board (or a housing and food allowance for off-campus students), and allowances for books and other expenses. The financial aid office should be able to provide you with this cost. If you have not decided which school you will attend, please rank in order of preference.

<u>School</u>	<u>City, State</u>	<u>Cost per year</u>	<u>Accepted?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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FINANCIAL INFORMATION:

Check: _____ I have applied for federal or state student financial aid.
_____ I intend to apply for federal or state student financial aid.
_____ I do not intend to apply for federal or state student financial aid.

Annual family income (for the twelve months prior to January 1): \$ _____

Parents' marital status: _____ Married _____ Divorced _____ Separated _____ Widowed _____ Single

Number in household including parents: _____

Number of immediate family members attending college this coming school year (including yourself): _____

Funds available for college:

	Family contribution: \$ _____
	Personal savings/earnings: \$ _____
	Scholarships awarded: \$ _____
	Loans: \$ _____
	Other (please describe below): \$ _____

TOTAL: \$ _____

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CERTIFICATION STATEMENT:

TO THE BEST OF MY KNOWLEDGE AND BELIEF, I, _____,
(please print your name)

HEREBY CERTIFY AND ACKNOWLEDGE THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

IF I AM AWARDED THIS SCHOLARSHIP AND ACCEPT THIS SCHOLARSHIP, I AUTHORIZE THE DALLAS FOUNDATION TO SHARE MY NAME AND CONTACT INFORMATION WITH THE DONOR OR DONOR REPRESENTATIVE OF THIS SCHOLARSHIP FUND. I AGREE THAT MY NAME, PHOTOGRAPH AND GENERAL STUDENT INFORMATION (HIGH SCHOOL, UNIVERSITY, YEAR, ETC.) MAY BE SHARED IN ANY MEDIA RELEASE PUBLICIZING THE SCHOLARSHIP.

Applicant Signature

Date

Signature of parent or guardian if applicant is under the age of 18

Date