

**2015**  
**SALIDA CONCERTS, INC.**  
**(Salida Aspen Concerts)**

**ENCORE SCHOLARSHIP APPLICATION**

Salida Concerts, Inc., the parent organization of Salida Aspen Concerts will offer two music scholarships each worth \$1,000 for use at an accredited institution of higher learning. These scholarships are awarded to high school graduates, college undergraduate students or teachers for continued music education. The successful recipient(s) shall provide an informational discussion and/or concert at a venue and time determined by the Salida Aspen Concert Series and in conjunction with the recipient(s).

**Eligibility Criteria**

1. The student candidate must be a graduate of a Chaffee County high school or private/home educational program in Chaffee County and the teacher candidate must be a current Chaffee County music instructor.
2. The recipient must show proof of enrollment in an accredited institution / school and pursue studies in music.
3. The student and/or teacher selected for this scholarship must have demonstrated characteristics of leadership, citizenship and a positive attitude concerning himself / herself, the school and community.
4. Financial need may be a criterion.
5. For student applicants, two (2) letters of recommendation are required, one of which should/could be your music instructor, if applicable. Applications are to be returned to your school counselor on or before May 1 or the last school day prior to this date.
6. For college students (reapplication) or teachers, letters of recommendation, a curriculum vitae and a letter from the applicant is required. Applicants should return their application to Salida Concerts, Inc., P O Box 13, Salida, CO 81201 with updated information and be received on or before May 1, 2015. (*Preference may be given to qualified first time applicants.*)

**Selection Committee**

A selection committee which will include members of the Board of Directors of Salida Concerts, Inc. will determine the recipient of the award.

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Name \_\_\_\_\_ Date of Birth M\_\_\_\_\_/D\_\_\_\_\_/Y\_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Parent or Guardian \_\_\_\_\_

I am applying for the ENCORE Scholarship

For Students:

High School Graduation – Month \_\_\_\_\_ Year \_\_\_\_\_

College status if you are an undergraduate student \_\_\_\_\_

Have you applied for admission to a college? \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ Name of school(s) \_\_\_\_\_

For Teachers:

Have been teaching music for \_\_\_\_\_ years

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PLEASE ADD PAGES AS NEEDED

Please list school involvement and activities. \_\_\_\_\_

Please list achievements, honors and awards. \_\_\_\_\_

Please list community activities and honors. \_\_\_\_\_

List other scholarships or assistantships you have applied for and/or received.

Attach an essay (one page, double spaced) outlining your goals and expectations. Please include reasons you believe you would be a worthy recipient of this scholarship. Include information relevant to your educational process and major area of study.

NOTE: Payment for the Encore Scholarship will be issued payable to the individual upon proof of acceptance to/enrollment in the institution / college.

*This scholarship will be awarded at the discretion of the Selection Committee of Salida Concerts, Inc. Board of Directors.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Scholarship renewal may be available upon reapplication.)*

*Preference will be given to first-time applicants*

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