



CHARLESTON SYMPHONY
ORCHESTRA LEAGUE, INC.

Summer Study Scholarship Program

The CSOL® makes available annually scholarships and educational grants to young musicians in the Tri-County area to attend summer camps or to take private lessons during the summer months. The CSOL® Scholarship Committee reviews all applications for awards and makes decisions on the number and amount of scholarships to be awarded. If a summer study scholarship is awarded to attend a particular program and the music student either decides to change the program or is not accepted by the program and elects to take private lessons, the CSOL® reserves the right to adjust scholarship monies accordingly. All decisions of the committee are final.

ELIGIBILITY:

1. Applicants should be members of a school band, school chorus, or other musical organization and must be at least 10 years old on the audition date. High school seniors are not eligible but are encouraged to apply for a college scholarship.
2. Applicants must be currently studying, either privately and/or through a school program, voice or the musical instrument on which they audition.
3. Applicants must have completed two years of study on their audition instrument prior to applying and be performing at the intermediate or advanced level.
4. Application must specify the summer music program the student plans to attend or with whom private lessons will be taken. These funds are available ONLY for study completed during the summer (June - August). Payment will be made directly to the summer program or private teacher.

SELECTION CRITERIA:

The judges' assessment of the student's performance will be the major consideration; all decisions of the judges are final.

AUDITIONS:

1. Application form AND contact information form should be mailed to the CSOL® Scholarship Committee, 1826 Somerset Circle, Charleston, SC 29407 Attention: Linda Manning and Gloria Palmer-Long and must be postmarked no later than January 16, 2019. Applications materials must be delivered via the USPS; personal deliveries will NOT be accepted. You are encouraged to submit your application as soon as possible.
2. Auditions are scheduled for Saturday, March 16, 2019 at the College of Charleston, Simons Center for the Arts Recital Hall at 54 St. Philip Street in downtown Charleston. Students will be notified by phone or email of their audition time. A limited number of students with unavoidable conflicts may also be scheduled on Monday, March 18 by prior arrangement. Please alert us to the need for a Monday audition on the application.
3. Applicants will perform a piece of their own choice for a panel of three judges, all professional musicians. The performance will last no longer than five minutes.
4. We encourage the applicant to memorize the musical selection and to select a piece or short pieces that showcase a variety of styles. If the piece you are performing is written for accompaniment, an accompanist is required. It is in your best interest to have an accompanist. If you do not wish to pay an accompanist, please work closely with your teacher to select a piece that does not require accompaniment. For the vocal audition, the applicant needs to prepare up to five-seven minutes of a song/songs, which can be a medley, classical, show tune, or other style which will best demonstrate the ability of the applicant.
5. Please bring three copies of your music for the adjudicators, each in a separate file folder.
6. Applicants will be notified in writing of the decision as soon as possible.
7. Applicants must audition on the instrument for which they are applying for scholarship funds.

QUESTIONS: Contact Becky Hilstad, bthilstad@aol.com or
Gloria Palmer-Long, palmerl@musc.edu
Scholarship website: <http://csolinc.org/outreach/scholarship-information>

The audition space is provided as a courtesy by the College of Charleston, Department of Music.

CHARLESTON SYMPHONY ORCHESTRA LEAGUE
SUMMER STUDY SCHOLARSHIP APPLICATION

Deadline: Must be postmarked by January 16, 2019

PLEASE PRINT CLEARLY - ALSO SUBMIT CONTACT INFORMATION FORM AND PERSONAL STATEMENT. Only COMPLETE applications will be considered.

Return completed form to: 1826 Somerset Circle, Charleston, SC 29407

ATTN: Becky Hilstad/Gloria Palmer-Long

NAME _____ AGE _____ (as of February 28, 2019)

Instrument _____ Years played _____

School _____ Grade _____

Do you play with your school band or another musical organization?

Name of Organization: _____ How long? _____

SCHOLARSHIP REQUEST INFORMATION

Name of Private Lesson Teacher or Summer Program _____

Address _____
Street City State Zip Code

Phone _____ Email _____

Total Cost of Program _____ **This amount MUST be included or your application will not be considered. You may include an estimate or list amounts for two options.**

Has any payment been made? If so, how much? _____ What is the due date for final payment? _____

Are you receiving funding from other sources? _____ If so, how much? _____

Starting date of the program _____ Ending date of the program _____

Please include with your application the following items:

1. Personal Statement: On a separate sheet of paper, please explain how you think this program will enhance your musical goals. Also, list any awards you have received or summer camps attended. (Please attach sheet to application)
2. One teacher reference from your music teacher (private or school). Have the teacher place his or her reference using the attached form in a sealed envelope and sign across seal.

STUDENT AND PARENT / GUARDIAN AGREEMENT

I support the above activity as desirable and suitable for this applicant. I understand that the amount awarded is in part dependent upon the program and that changes in the program may result in changes in the amount of funding awarded. I give permission for my child's image and name to be used in CSOL® publications and publicity.

Signature of parent or guardian Date
Parent/guardian name - Please Print: _____

Signature of student Date

DID YOU INCLUDE YOUR CONTACT INFORMATION FORM, TEACHER REFERENCES AND PERSONAL STATEMENT?

**Charleston Symphony Orchestra League Scholarship Applicant
Contact Information Form**

CHECK ONE:

_____ **SUMMER STUDY APPLICANT** _____ **MATCHING GRANT APPLICANT**
_____ **COLLEGE SCHOLARSHIP APPLICANT**

STUDENT NAME: _____

STUDENT EMAIL: _____

STUDENT PHONE: _____

PARENT EMAIL: _____

PARENT PHONE: _____

COMPLETE HOME ADDRESS: (Street, City, State, Zip):

AUDITION ACCOMPANIST NAME: _____

PRIVATE TEACHER NAME: _____

PRIVATE TEACHER EMAIL: _____

PRIVATE TEACHER COMPLETE ADDRESS: (Street, City, State, Zip):

SCHOOL INSTRUMENT TEACHER NAME: _____

SCHOOL INSTRUMENT TEACHER EMAIL: _____

SCHOOL: _____

SCHOOL PHONE: _____

PRINCIPAL NAME: _____

PRINCIPAL EMAIL: _____

GUIDANCE COUNSELOR EMAIL: _____

CSOL[®] Summer Study Scholarship Teacher Reference

Student's Name: _____

How long have you taught this student? _____

On what instrument (including voice) have you instructed the student?

How would you classify the student's progress?

_____ beginner _____ intermediate _____ advanced

Comment:

How would you describe the student's potential as a musician?

How would you describe the student's commitment to practice and improvement?

Teacher Signature

Date

Place in an envelope, seal the envelope and sign across the seal. Give the letter to the applicant to submit with application. Application must be postmarked by January 16.