



PRIDE OF THE FALCON SOUND SCHOLARSHIP

Name : _____

Address : _____

: _____

Telephone number : _____

Social Security number : _____

Date of birth : _____

Who do you live with? : Mom & Dad _____ Mom _____ Dad _____ Grandparents _____

Other (list) _____

How many years have you been a student at Charles W. Flanagan High School? _____

Were you a member of the band? _____ How many semesters in the last 3 years? _____

Were you a member of the color guard? _____ How many semesters in the last 3 years? _____

Cumulative community service hours since 9th grade: _____

Are you employed? _____ Name of employer: _____

How many hours per week do you work? _____

Educational institution in which enrollment is desired:

Name of institution : _____

City, State : _____

Course of study : _____

Degree sought : _____

Have you been accepted? _____

Administrative Discipline Clearance: _____

For Scholarship Committee Only

PRIDE OF THE FALCON SOUND SCHOLARSHIP

TO QUALIFY FOR THIS SCHOLARSHIP, YOU MUST BE:

- A senior currently enrolled in the Band/Guard at Charles W. Flanagan High School
- In good financial standing with the Falcon Sound Alliance (FSA). All fees owed to FSA as of 3/1/07 must be paid in full. (Zero balance) If you have account questions, please contact FSA Treasurer, Mrs. Oien at 954.437.8016.
- A participating member of the Band/Guard for the entire year in 10th, 11th & 12th grades at Charles W Flanagan or a previous high school.
- Continuing your education at an accredited college, university, community college or vocational-technical institute.

THE FOLLOWING WILL BE CONSIDERED:

- Performance based accomplishments
- Academic achievement
- School and community involvement/leadership
- Essay
- Financial need may be considered.

INSTRUCTIONS FOR APPLYING FOR THIS SCHOLARSHIP

- Complete the entire application with all attachments.
- Have your application signed by your administrator.
- Provide 2 recommendations, using the attached forms & envelopes:
 - 1 Teacher (not from Band or Guard)
 - 1 Community (Not a Charles W. Flanagan High School Employee)
- Transcript of completed courses with grades and test scores.
- Provide a detailed personal resume outlining your community involvement, Band/Guard involvement, extracurricular activities, special awards and honors.
- Submit proof of acceptance at an accredited college, university, community college or vocational-technical institute, if available.
- Provide a brief essay on the following topic:
How has involvement in Band/Guard affected your life? Explain in detail the impact that Band/Guard has had on your high school experience, and life in general.
- If you feel you have any unusual expenses or special circumstances you would like considered, please provide an explanation on a separate page.
- Scholarship funds awarded will be held for no more than 12 months from the award date.
- Scholarship funds awarded will be made payable directly to the educational institution the student attends.
- **Deadline for submission: March 14, 2007 to Charles W Flanagan BRACE Office**

**PRIDE OF THE FALCON SOUND
SCHOLARSHIP TEACHER RECOMMENDATION FORM**

Applicant's Name: _____

Thank you for taking the time to tell us about the above applicant. After completing the form below, please fold and **seal** in the envelope provided. Return the **sealed** envelope to the student so they may return it with their scholarship application.

Rate the applicant's characteristics in the following manner:

1 – Never 2 – Sometimes 3 – Not Observed 4 – Usually 5 – Always

_____ Does applicant possess and use leadership skills?

_____ Does applicant work well with others?

_____ Does applicant take pride in his/her work?

_____ Is applicant enthusiastic?

_____ Does applicant have respect of his/her peers?

_____ Does applicant respect himself/herself and others?

_____ Is applicant trustworthy, honest and helpful?

_____ Does applicant have a spirit of generosity?

_____ Is applicant kind and caring toward others?

_____ Is applicant punctual?

_____ Is applicant self-motivated?

Please provide a few personal comments regarding the applicant.

What is your relationship to the student? _____

Signature: _____

Date: _____

Print Name: _____

**PRIDE OF THE FALCON SOUND
SCHOLARSHIP COMMUNITY RECOMMENDATION FORM**

Applicant's Name: _____

Thank you for taking the time to tell us about the above applicant. After completing the form below, please fold and **seal** in the envelope provided. Return the **sealed** envelope to the student so they may return it with their scholarship application.

Rate the applicant's characteristics in the following manner:

1 – Never 2 – Sometimes 3 – Not Observed 4 – Usually 5 – Always

- _____ Does applicant possess and use leadership skills?
- _____ Does applicant work well with others?
- _____ Does applicant take pride in his/her work?
- _____ Is applicant enthusiastic?
- _____ Does applicant have respect of his/her peers?
- _____ Does applicant respect himself/herself and others?
- _____ Is applicant trustworthy, honest and helpful?
- _____ Does applicant have a spirit of generosity?
- _____ Is applicant kind and caring toward others?
- _____ Is applicant punctual?
- _____ Is applicant self-motivated?

Please provide a few personal comments regarding the applicant.

What is your relationship to the student? _____

Signature: _____

Date: _____

Print Name: _____