

**Scott LaVine/CYM – Scholarship Nomination Form
2012**

Student's Name _____

Name of Parent(s)/Guardian(s) _____

Address _____

Student's Age _____ Male _____ Female _____ Grade (Fall 2012) _____

Previously attended CYM? _____ Yes _____ No If yes, what year(s)? _____

School _____

Parent's Work Phone () _____ Home Phone () _____

Parent's E-mail address _____

Major instrument _____ OR

Voice: _____ Soprano _____ Alto _____ Tenor _____ Bass

Attached is a copy of the student's most recent solo NYSSMA evaluation
or

Attached is other evidence of the student's musical achievement
and

A letter from student or parents describing financial need.

Music Instructor's recommendation _____

We attest to the above student's responsibility, maturity, and musical ability:

Music Instructor (please sign and print name clearly) Phone: _____

Guidance Counselor (please sign and print name clearly) Phone: _____

PLEASE RETURN ALL NOMINATION MATERIALS BY MARCH 19 TO:

**Casey Nelson, Center for Lifelong Education and Recreation, 389 Van Housen
Ext., SUNY Potsdam, 44 Pierrepoint Ave., Potsdam, NY 13676**

Phone: (315) 267-2167 FAX: (315) 267-3350 E-mail: cym@potsdam.edu

Web Site: www.potsdam.edu/academics/Crane/cym/