Dear Applicant:

Thank you for your interest in Crane Youth Music scholarships! The Roy Schaberg Crane School of Music Scholarship named after the founder of CYM is designed to assist a camp alumnus planning to attend the Crane School of Music as an undergraduate music major in the Fall of 2017. Awards will be based on financial need and a recommendation from a music instructor. This scholarship is a 4-year renewable award.

Please review the accompanying application form, which asks for the following to be submitted on behalf of the applying student:

1. A letter from the student and/or parent describing financial need or circumstances;
2. A recommendation from a music teacher with knowledge of the student’s abilities.
3. Be sure you have all of your financial information into SUNY Potsdam (FAFSA etc.)

Applications missing either of the above items after May 1st will not be considered!

Please submit all materials no later than May 1, 2017 to CYM Director: Dr. Julianne Kirk Doyle, at cym@potsdam.edu or fax to 315-267-2413 and title the email “Schaberg Scholarship Application.” Awards will be made by May 15, 2017 and will be notified via email.

Thank you for being part of Crane Youth Music! I am confident that you will find your time at the Crane School of Music and SUNY Potsdam to be rewarding and meaningful to your musical development.

Sincerely,

Julianne Kirk Doyle, Director
Crane Youth Music
The Crane School of Music
SUNY Potsdam
The Roy Schaberg
Crane School of Music Scholarship
Crane School of Music 2017 Nomination Form
Deadline: May 1, 2017

Student’s Name: _______________________________________________________
Address: ___________________________________________________________________
Student’s E-mail Address: _____________________________________________
Student’s Age: _______  Male ☐  Female ☐  Years Attended CYM: ______________
School: ________________________________________________________________

Major Instrument: ___________________________________________________________  OR
Voice: Soprano ☐  Alto ☐  Tenor ☐  Bass ☐
Name(s) of Parent(s)/Guardian(s): ___________________________________________
Work Phone: (_____)(____)_____________  Home Phone: (_____)(____)_____________
Candidate E-mail Address: _________________________________________________

☐  I have attached a letter from student or parent describing financial need.

Music Instructor’s recommendation (or attach a separate letter to application):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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

Music Instructor (please sign and print name clearly)  Phone Number
____________________________________________________________________________
Guidance Counselor (please sign and print name clearly)  Phone Number
____________________________________________________________________________

PLEASE RETURN ALL NOMINATION MATERIALS BY MAY 1st TO:

Dr. Julianne Kirk Doyle
E-mail: cym@potsdam.edu
FAX: (315) 267-2413 (please include email address if faxing)