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 2018. 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, 2018 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, 2018 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,

Dr. Julianne Kirk Doyle,
Director, Crane Youth Music
Professor of Music
The Crane School of Music
SUNY Potsdam
The Roy Schaberg
Crane School of Music Scholarship

Crane School of Music 2018 Nomination Form

Deadline: May 1, 2018

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)