Dear Applicant:

Thank you for your interest in scholarships to Crane Youth Music 2017! CYM Scholarships are designed to assist applicants who are attending Crane Youth Music. We have a limited number of partial scholarships including two endowments named for former CYM Directors Mark Hartman and Scott LaVine. We have other scholarships provided by individual donors, musical organizations around the country and local business and organizations in Northern New York. No full scholarships are awarded and recipients are still responsible for room and board expenses.

Awards are based on financial need, recommendation from a music instructor, a New York State School Music Association solo evaluation or a representative evaluation of the student’s talent from another source.

*Please submit applications electronically via fax or an emailed pdf

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

1. A copy of the most recent evaluation of the student’s playing (NYSSMA or equivalent)
2. A letter from the student and/or parent describing financial need or circumstances (include AGI, job situations, number of dependents in household)
3. A recommendation from a music teacher with knowledge of the student’s abilities and musical potential

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

*Please submit all materials electronically to: Dr. Julianne Kirk Doyle, cym@potsdam.edu with the subject line “CYM Scholarship Application.”

*Notifications of awards will be sent by email by May 15, 2017 and Registration will close on May 31, 2017.

Thank you for considering Crane Youth Music as your summer music camp home! I am confident that you will find the experience to be rewarding and meaningful to your musical development.

Sincerely,

Julianne Kirk Doyle, Director
Crane Youth Music
The Crane School of Music
SUNY Potsdam
## CYM Scholarships
Crane Youth Music 2017 Scholarship Application Form

**Deadline: May 1, 2017**

<table>
<thead>
<tr>
<th><strong>Student’s Name:</strong></th>
<th>____________________________________________________________</th>
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</thead>
<tbody>
<tr>
<td><strong>Address:</strong></td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td><strong>Student’s Age:</strong></td>
<td>Male ☐ Female ☐ Grade (Fall 2016):_________________________</td>
</tr>
<tr>
<td><strong>School:</strong></td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td><strong>Previously Attended CYM?</strong></td>
<td>Yes ☐ No ☐ If yes, what year(s)? ___________________________</td>
</tr>
<tr>
<td><strong>Did you receive a scholarship from CYM?</strong></td>
<td>____________________________________________________________</td>
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<tr>
<td><strong>Instrument /Voice:</strong></td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td><strong>Name of Parent(s)/Guardian(s):</strong></td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td><strong>Work Phone:</strong></td>
<td>( ) ___________________ <strong>Home Phone:</strong> ( ) ___________________</td>
</tr>
<tr>
<td><strong>Parent’s E-mail Address (for notification):</strong></td>
<td>____________________________________________________________</td>
</tr>
</tbody>
</table>

I have attached the following documents:

1.) ☐ A copy of the student’s most recent solo NYSSMA evaluation

   or

   ☐ Other evidence of the student’s musical achievement

2.) A letter from student or parent describing financial need

Music Instructor’s recommendation (or submit a separate letter from teacher 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 1 TO:**

Dr. Julianne Kirk Doyle  
CYM Director

**E-mail:** cym@potsdam.edu

**FAX:** (315) 267-2413 (if faxing please include email address for notifications)  
**Phone:** (315) 267-2616