## EASTMAN SCHOOL OF MUSIC - ROCHESTER CITY SCHOOL DISTRICT

## Eastman Pathways Scholarship Program Application Form

STUDENT'S FULL NAME		ECMS USE ONLY ∼ NEW □ R	RETURNING		
(Last Name)	(First Name) (Middle Initial)	Application complete     a Student Signature and date     b Parent Signature and date     c Other pertinent	Y N		
STUDENT'S ADDRESS	THENT'S ADDRESS				
Number Number	Street Name	Proof of Income     RCSD Grade Consent and			
		All City Commitment form 4 Copy of January report card			
		(new students only)			
		5 Recommendation from RCSD Music Teacher			
Apartment #	City or Town State Zip Code	For Returning Students Only 6 Self-Reflection Form			
Phone: Home	Cell	7 Performance requirements compl mandatory for continuation	lete –		
		a ECMS recital			
Student Email	Date of Birth Sex:	b MCSMA &/or NYSSMA			
RCSD School	Grade	c To be completed: Citywide d To be completed:			
Resp sensor		ECMS jury in May 2017			
RCSD Music Teacher	Instrument	8 Is audition required?			

## **Student Agrees to:**

- Notify teachers in advance of any absence
- Attend weekly lessons or chorus on time bringing music and instrument
- Practice daily
- Choral students will attend all choral concerts
- Those taking private lessons will
  - o perform in at least one ECMS recital during the 2017-2018 year
  - o participate in the annual NYSSMA (In-House or other) or MCSMA solo festival
  - o perform in home school music ensemble on the instrument or voice being studied at Eastman
  - Fulfill the expectations of the private teacher at Eastman and take an annual performance jury at Eastman

Participate in the annual Citywide RCSD concert  Please note that: Attendance policies will be strictly enforced. Students with excessive unexcused absences will be asked to resign their scholarships.					
STUDENT SIGNATURE	DATE				

## SECTION 2 (to be completed by parents/guardians/sponsors of dependent children)

FATHER/GUARDIAN	MOTHER/GUARDIAN		
HOME ADDRESS	HOME ADDRESS		
ZIP EMAIL	ZIP EMAIL		
HOME PHONE	HOME PHONE		
WORK / CELL (circle)	WORK / CELL (circle)		
OCCUPATION	OCCUPATION		
EMPLOYER	EMPLOYER		
WHERE APPLICABLE: SPONSOR			
HOME ADDRESS	ZIP		
HOME PHONEWORK / CELL (circle)	) EMAIL		
income as reported on your federal income tax return. In a sealed envelope, please attactistic claimed as a dependent. If filing status of the form is "Married Filing Separately," the Single Filing jointly FAMILY AI	The amount reported on this scholarship application should agree with your adjusted gross ch a copy of Page 1 of your 2016 IRS form (1040, 1040A, or 1040EZ) <u>on which the student</u>		
Please explain why you may need additional scholarship assistance. (i.e. educati	onal expenses, employment status, etc.)		
must be notified if you cannot attend. Scholarship recipients will be asked to complete a	udents are required to attend with their parent or guardian. The Director of Arts, RCSD, registration from and pay an annual \$20 registration fee; this fee is due at the orientation or practice and provide required music and text. Parents agree to provide transportation to		
PARENT/SPONSOR SIGNATURE	DATE		
* All applicants - Include income of both spouses if filing status is "Married F	lling Separately		