



Application for David Haire Memorial Scholarship Fund Established 2014

- I.** All applicants must:
 - a.** Be currently enrolled in a music program within DeSoto County;
 - b.** Be a senior from any school within DeSoto County;
 - c.** Be recommended by the applicant's music teacher;
 - d.** Submit a 250-word essay on any of the following subjects:
 - i.** What role do you see music playing in your future?
 - ii.** What is the most rewarding aspect of music?
 - iii.** How has your music director or administrator influenced you in your academic or music studies?
 - iv.** Choose a defining moment in your life and explain how music influenced it.
 - e.** Carry a grade point average of 3.0 or better;
 - f.** Plan to attend an accredited college or university no later than the fall semester of the year in which they will graduate.
- II.** Home School students are welcome to apply.
- III.** The financial need of the applicants will be considered.
- IV.** A minimum of one \$1,000.00 (one thousand dollar) check will be issued on behalf of the applicant chosen by the Selection Committee of the Community Foundation of Northwest Mississippi to the college of their choice. The decision of the directors will be considered final.
- V.** Each essay and application will be postmarked no later than March 1 of their graduation year.
- VI.** Send your application along with your music instructor's recommendation to:

David Haire Memorial Scholarship Fund
1870 Lindsey Lane
Southaven, MS 38672-8602
- VII.** The scholarship fund will be administered by:

Community Foundation of Northwest Mississippi
315 Loshier Street, Suite 100
Hernando, MS 38632
- VIII.** Additional contributions are acceptable on a tax exempt basis. The Foundation is a Mississippi not-for-profit corporation under IRS 501.c.3. for educational and public purposed. All funds collected will be added to the already existing grants. The Selection Committee, at its discretion, will either add the additional collected funds to the single \$1,000.00 grant or issue additional scholarships to other applicants.
- IX.** The recipient will be invited to play in the Southaven Wind Symphony's spring concert. It is at that concert that the recipient will be publicly acknowledged.

Students Name: _____

Address: _____

City, State, Zip: _____

Student's Phone Number: _____

Student's High School: _____

I, _____ (student's band director or administrator), recommend the above student for the David Haire Memorial Scholarship Fund. I affirm that he/she is a member in good standing of _____ (band or music program). The student is a senior and I have checked his/her grade point average and find it to be at least 3.0. I have advised the student to submit a 250-word essay on one of the approved subjects.

Additional comments (optional; use additional page if necessary)

Band Director or Instructor's Signature

Date

Mail this signed application no later than March 1, along with the student's essay to:

The David Haire Memorial Scholarship Fund
1870 Lindsey Lane
Southaven, MS 38672-8602