



**SHIAWASSEE**  
— COMMUNITY FOUNDATION —  
For good. For ever.®

## **CHERYL GAPINSKI MEMORIAL MUSIC CAMP SCHOLARSHIP**



***Scholarships are available to Owosso and Corunna students to attend music camp.***

***Applications are due March 15, 2022 – 4:00PM EST***

**SUBMIT COMPLETED APPLICATIONS AND REQUIRED ATTACHMENTS TO:**

**By Mail:** Shiawassee Community Foundation  
Post Office Box 753  
Owosso, MI 48867

**In Person:** Shiawassee Community Foundation  
217 N. Washington St. – Suite 104  
Owosso, MI 48867

**CONTACT INFORMATION:**

Phone: 989-725-1093

Email: [lora@shiacf.org](mailto:lora@shiacf.org)



## CHERYL GAPINSKI MEMORIAL MUSIC CAMP SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE LEGIBLY

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
          Last                                  First                                  Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Choose Not to Disclose \_\_\_\_\_

### HIGH SCHOOL INFORMATION

Name of High School: \_\_\_\_\_

What grade are you in? \_\_\_\_\_

Date(s) of Music Camp: \_\_\_\_\_

Total Cost of Music Camp: \$\_\_\_\_\_



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## MUSIC ACTIVITIES

Using only the space below, please list Music activities in which you have participated.

Activity	# of Years	Leadership Positions, Awards and Recognition

## CERTIFICATION:

I acknowledge that the information in this application is correct to the best of my knowledge. I understand that the information contained in my application may be shared with the scholarship advisory committee and/or scholarship sponsor.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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**PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:**

**Letter of Interest**

A one-page letter of interest is required. This letter should be typed (font size no larger than 12) and double spaced. Include details about why you should be chosen for this scholarship based on your interests in music.

**Letter of Recommendation**

A letter of recommendation from a representative of your high school music program.

**High School Transcript or Grade Report**

Your grades must be sent directly to the Foundation Office from your guidance counselor or school official by the due date. It is the responsibility of the student to request grades to be sent and make sure it is received at the Foundation office by the due date. Scholarship applications will not be considered without a transcript or grade report.

**Number of Copies**

Please submit one completed application package. Keep a copy for your records in case your application is lost or damaged in transit.

**Submit your completed application and required attachments to:**

**By Mail:** Shiawassee Community Foundation  
Post Office Box 753  
Owosso, MI, 48867

**In Person:** Shiawassee Community Foundation  
217 N. Washington St. – Suite 104  
Owosso, MI 48867

**If you have any questions, please feel free to contact us at 989-725-1093 or [lora@shiacf.org](mailto:lora@shiacf.org)**

***SHIAWASSEE COMMUNITY FOUNDATION SCHOLARSHIP AWARD POLICIES:***



# SHIAWASSEE

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- ❖ *Shiawassee Community Foundation Staff, Board, and Selection Committee members and their relatives are not eligible to apply for scholarships with the exception of the SCF Youth Advisory Council Board members. Youth Advisory Council Board members abstain from the entire scholarship selection and award process. (The term “relatives” is defined as parent, child, stepparent, stepchild, grandparent, grandchild, aunt, uncle, nephew, niece, first cousin, or sibling.)*
- ❖ *The Shiawassee Community Foundation Board of Directors reserves the right to extend any and all scholarship deadlines and to not award any and all scholarships at their discretion.*
- ❖ *Completing and submitting a scholarship application does not guarantee a scholarship award.*
- ❖ *All scholarship awards are made on an objective and nondiscriminatory basis from a pool of persons based on the criteria of each scholarship fund and upon the qualifications provided to SCF by the applicant.*
- ❖ *Alternate recipients may be selected for scholarships in the event the chosen recipient becomes ineligible.*
- ❖ *SCF is not responsible for applications or required documentation that is delayed or lost in the mail. Late and/or incomplete applications will not be considered for a scholarship.*
- ❖ *Scholarship monies are to be used within a year of being approved by the SCF Board.*
- ❖ *All scholarship application information submitted to SCF is handled in a strictly confidential manner.*
- ❖ *Scholarship amounts for each fund vary from year to year as determined by the SCF Board of Directors.*
- ❖ *Scholarships that are refunded to the Foundation from a grantee institution will be deposited back into the scholarship fund. Reissuance of a refunded scholarship is at the discretion of the Shiawassee Community Foundation.*
- ❖ *Scholarships are awarded based on the criteria of the scholarship fund and the information provided to SCF on the scholarship application of each student. If any information provided to SCF on the scholarship application changes and the student is no longer eligible to receive the scholarship awarded to them, then the scholarship will be rescinded.*