

# Friends of CRLS Presents: The Calvin Hicks Memorial Award for the Study of Music

CRLS students in grades 9, 10, 11, and 12 who want to begin learning or to develop their skills with any musical instrument, with their voice, or in music theory are welcome to apply.

#### Overview

The Calvin Hicks Memorial Award for the Study of Music was established in memory of Calvin Hicks — a highly esteemed educator, journalist, editor, and activist — by his family and friends. Scholarship applications, essays, and recommendations are reviewed by members of the Hicks family, who select the recipient.

One recipient will be selected for this award in the amount of \$500 to take music lessons or a music class at any accredited music school.

The award is to be applied to tuition costs and may be used for the study of any instrument, voice, or music theory. The applicant may be at any stage of their musical development, from having no prior musical training to being an accomplished artist.

Eligibility requirements: a love of music, a commitment to learning, a GPA of 83 or higher, and current enrollment in the CPS free/reduced lunch program.

To apply, you have to provide information, write an essay, secure a recommendation from a current/past music teacher or a current classroom teacher, and have your parent/guardian fill in financial information and give you a copy of a 1040 federal tax return from each contributing parent/guardian, if they filed.

Please make sure your application is complete, with every piece of information included or "N/A" if not applicable.

Application documents are all due April 1 and need to be emailed to info@focrls.org with "Hicks Award" in the subject line.

If scanning, please scan the documents to yourself and forward to info@focrls.org with "Hicks Award" in the subject line.

If you have any questions, please email info@focrls.org.

About Friends of CRLS (FOCRLS): FOCRLS is a tax-exempt, 501(c)3 non-profit organization founded by two CRLS parents in 2006. The mission of the FOCRLS is to develop, support, and enrich the academic and social development programs at Cambridge Rindge and Latin High School and to support the alumni of CRLS and its predecessor schools. In so doing, FOCRLS promotes achievement and a greater community investment in the future of CRLS, its current students, and its graduates. Along with a range of scholarships, FOCRLS presents Faculty Innovation Grants and Student Travel Fellowships; additionally, FOCRLS sponsors Faculty Distinction Awards and Unsung Heroes Awards. Please visit focrls.org to learn more.



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## **Application**

#### Important Instructions:

- Read the overview before filling out this application.
- Write clearly/neatly in ALL blanks with dark ink. Put "N/A" for not applicable/available or no answer.
- An essay is required. See Part 2. Type your essay on a computer and print it on a separate page.
- Your parent/guardian must complete and sign the financial statement and, if filed, provide a tax return.
- Please send Parts 1, 2, and 3 of your application by email to info@focrls.org.\*
- Part 4 is a recommendation from a teacher; ask your teacher to email it to info@focrls.org.\*
- ALL DOCUMENTS ARE DUE APRIL 1.
- \* Scan document(s) to own email address and forward to info@focrls.org with "Hicks Award" in the subject line. (Some school scanners won't send to us.) Phone photos are acceptable if they're clear, bright, and entirely legible.

#### Part 1 - INFORMATION

| You:                                                                             | Name              |                          |                        | Grade / Learning Community: |  |  |  |  |
|----------------------------------------------------------------------------------|-------------------|--------------------------|------------------------|-----------------------------|--|--|--|--|
|                                                                                  | Home Addr         | ess                      |                        |                             |  |  |  |  |
|                                                                                  |                   |                          |                        | Cell Phone                  |  |  |  |  |
|                                                                                  | Email Address(es) |                          |                        |                             |  |  |  |  |
| Parent                                                                           | /Guardian:        |                          |                        |                             |  |  |  |  |
|                                                                                  |                   | Home Address             |                        |                             |  |  |  |  |
|                                                                                  |                   |                          |                        | Cell Phone                  |  |  |  |  |
|                                                                                  |                   | Email Address(es)        |                        |                             |  |  |  |  |
| Name of Music School:                                                            |                   |                          |                        |                             |  |  |  |  |
| Lessons/class to be taken:                                                       |                   |                          |                        |                             |  |  |  |  |
| Dates of lessons/class:                                                          |                   |                          |                        | End                         |  |  |  |  |
| Tuition: \$                                                                      |                   |                          |                        | n must be paid in full:     |  |  |  |  |
| If tuition is higher than \$500, what is your plan for earning/raising the rest? |                   |                          |                        |                             |  |  |  |  |
| ii carcic                                                                        | in is migher th   | ian 9500, what is your p | nan for carning/raisii | <u> </u>                    |  |  |  |  |
|                                                                                  |                   |                          |                        |                             |  |  |  |  |

#### Part 2 - ESSAY

This essay question is to be answered by you, the student/applicant. This is your chance to express yourself in your own words so we can learn about you.

Please respond thoroughly and thoughtfully to this question:

Please write an essay describing the impact the lessons you would use this award toward would have on your life, education, and/or future career.

Please include information about your musical interest and your previous musical training, as well as where and how you would use this award.

Attach your typed response of 350–500 words.

### If you're selected as the recipient of this award:

Please come to Scholarship Night (if there is an in-person one), even if you're not a senior. For details, please email us at info@focrls.org.

We hope that after you complete your lessons/class you'll write a reflection of how the experience met/exceeded your expectations and affected you. Any photos that you and your parent(s)/guardian(s) would allow us to use in social, digital, and print media would also be much appreciated. Your reflections and photos will help us attract potential applicants and donors for next year. Please email to info@focrls.org.

To claim the award, you must submit an invoice from the music school to Friends of CRLS, and then Friends of CRLS will send the check directly to the school to be applied to your account.

#### Part 3 – FINANCIAL STATEMENT

Your PARENT/GUARDIAN MUST COMPLETE, SIGN, AND DATE THIS FINANCIAL STATEMENT in order for you to be considered for a Hicks Award through Friends of CRLS.

Parent/Guardian, please write clearly/neatly in dark ink and answer all questions.

| ',    |                                                                                       | n the parenty guardian of                | (Name of Student) |        |       |  |
|-------|---------------------------------------------------------------------------------------|------------------------------------------|-------------------|--------|-------|--|
|       |                                                                                       |                                          |                   |        |       |  |
| 1.    | Is the student currently enrolled in the Cf                                           | PS Free/Reduced Lunch Program?           | Circle one:       | Yes    | No    |  |
| 2.    | Does your family live in public housing or                                            | subsidized housing?                      | Circle one:       | Yes    | No    |  |
| 3.    | Does your family receive SNAP / EBT / foo                                             | Circle one:                              | Yes               | No     |       |  |
| 4.    | Have you filed an income tax return with                                              | Circle one:                              | Yes               | No     |       |  |
|       | If Yes, what was the <b>adjusted gross inco</b> r                                     | \$                                       |                   |        |       |  |
| 5.    | Did another parent/guardian make a fina student last year that is not included in the | _                                        | Circle one:       | Yes    | No    |  |
|       | If Yes, has that person filed an income tax                                           | x return within the last 15 months?      | Circle one:       | Yes    | No    |  |
|       | If Yes, what was their <b>adjusted gross inco</b>                                     | \$                                       |                   |        |       |  |
|       | Plaasa provida a copy of                                                              | federal income tax return Form 1         | 040 (no ovtra i   | nagos) |       |  |
|       |                                                                                       | uardian who filed – or indicate ab       |                   |        | file. |  |
| Pleas | se print your name, date, sign, and date.                                             | By signing this, you state that all of t | he above is true  | е.     |       |  |
|       |                                                                                       |                                          |                   |        |       |  |
|       | (Name of Parent/Guardian – Print)                                                     |                                          |                   | Date   |       |  |
|       |                                                                                       |                                          |                   |        |       |  |

Student/Applicant:

You will submit Parts 1, 2, and 3 to info@focrls.org.

For Part 4, please see instructions below.

#### Part 4 – RECOMMENDATION FORM

A completed recommendation form from a teacher who knows you well is required. This can be from a music teacher (current or previous), or from one of your current CRLS classroom teachers (of any subject). Please fill in the top of the following form, give it to your teacher, and ask them to send their completed form to info@focrls.org with "Hicks Award" in the subject line no later than April 1. Please tell them that if they're going to scan their completed form, they need to scan it to their own email address and then forward to info@focrls.org.

Please follow up with your teacher several days before the form is due to make sure they get it in on time.



#### The Calvin Hicks Memorial Award for the Study of Music

#### **Recommendation Form**

| Name of Student (Applicant):          |                                                                                                                                                                                                             |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Music lessons/class to be taken:      | Music school:                                                                                                                                                                                               |
| Name of Teacher (Reference):          |                                                                                                                                                                                                             |
|                                       | t:                                                                                                                                                                                                          |
|                                       | ent:                                                                                                                                                                                                        |
| Please be specific and i              | high, medium, or low for each of these traits with a check and describe.<br>nclude examples whenever possible. Please write legibly, in dark ink.<br>ee the bottom of the form for submission instructions. |
|                                       | ( ) High ( ) Medium ( ) Low                                                                                                                                                                                 |
| Please describe:                      | ( ) High ( ) Medium ( ) Low                                                                                                                                                                                 |
| INITIATIVE Please describe:           | ( ) High ( ) Medium ( ) Low                                                                                                                                                                                 |
| Please tell us how you think the appl | icant would benefit from the music lessons/class they are interested in taking:                                                                                                                             |
|                                       |                                                                                                                                                                                                             |
|                                       |                                                                                                                                                                                                             |

Teacher/Reference: Please email your completed Recommendation Form directly to info@focrls.org with "Hicks Award" in the subject line no later than April 1.

If you're scanning this document, please scan it to your own email address and then forward it to info@focrls.org.

Thank you very much for the time and thought you put into recommending this student!

To learn more about Friends of Cambridge Rindge and Latin School, please visit focrls.org.