



## OHIO FOUNDATION FOR MUSIC EDUCATION STUDENT SCHOLARSHIP PROGRAM APPLICATION OMEA HIGH SCHOOL ALL-STATE ENSEMBLES

The Ohio Foundation for Music Education (“**OFME**”) has a limited amount of funding available to assist students with a demonstrated financial need by covering a portion of the participation fee for Ohio Music Education Association (“**OMEA**”) High School All-State ensembles. This funding will be granted to students (“**Scholarship**”) pursuant to the guidelines below. The OFME and OMEA will work together to run this program and ensure Scholarships are granted on the basis of financial need and commitment to music and music education.

### **GUIDELINES**

- Scholarship awards will be made on an objective and nondiscriminatory basis, without regard to race, color, religion, age, national origin, gender, sexual orientation or disability.
  - Scholarships are not available to immediate family members of the selection committee, the OFME Board of Directors or the OMEA Board of Trustees.
  - Scholarships are open to students selected through the audition process for OMEA High School All-State ensemble participation.
  - Scholarships shall take the form of an offset of the participation fee for All-State ensembles; Scholarships are not redeemable for cash or any other consideration.
  - All Scholarships are partial scholarships, and shall be available and limited to students with a demonstrated financial need, which is a household income at or below 200% of the [federal poverty guidelines](https://aspe.hhs.gov/poverty-guidelines). (<https://aspe.hhs.gov/poverty-guidelines>)
  - Students and their family or legal guardian(s) will verify demonstrated financial need by submitting ONE of the following:
    1. Copy of the most recent W-2.
    2. The first page of the most recent income tax returns (IRS Forms 1040).
    3. If neither of above is available, consideration may be given if verifiable documentation can be provided showing total household income BEFORE deductions AND a detailed account of household size.
- \*Please blackout the Social Security Numbers or any other sensitive information on any of these forms. Information provided will be used strictly for the purpose of evaluating financial need for the Scholarships and will be kept confidential.*
- Students applying for a Scholarship must provide the name and email address of the music teacher who has recommended them for participation in the All-State ensembles. The selection committee may contact this teacher to obtain a teacher recommendation about the student’s commitment to music and music education.
  - Scholarships are limited and not all students who apply will receive aid. Students are urged to seek other sources of funding to ensure participation.
  - Students must complete and submit the attached application form before the September 7 postmark deadline. Incomplete forms or forms received after the deadline will not be considered.
  - Students and parents will be notified of the selection committee’s decisions by September 24. All decisions of the selection committee are final.



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STUDENT SCHOLARSHIP PROGRAM APPLICATION  
OMEA HIGH SCHOOL ALL-STATE ENSEMBLES

STUDENT NAME \_\_\_\_\_ STUDENT GRADE \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

TEACHER RECOMMENDING ALL-STATE PARTICIPATION \_\_\_\_\_

TEACHER EMAIL \_\_\_\_\_

ALL-STATE ENSEMBLE (BAND, ORCHESTRA, CHOIR, OR JAZZ) \_\_\_\_\_

**VERIFICATION OF FINANCIAL NEED - PLEASE ATTACH.**

- See Guidelines on page 1 for acceptable forms of financial information.
- Please blackout the Social Security Numbers or any other sensitive information on any of these forms.

YOUR NAME \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

DEPENDENT \_\_\_\_\_ RELATION TO YOU \_\_\_\_\_

DEPENDENT \_\_\_\_\_ RELATION TO YOU \_\_\_\_\_

DEPENDENT \_\_\_\_\_ RELATION TO YOU \_\_\_\_\_

DEPENDENT \_\_\_\_\_ RELATION TO YOU \_\_\_\_\_

TOTAL NUMBER OF EXEMPTIONS \_\_\_\_\_

*By signing below, I verify the information on this scholarship application is true and correct.*

STUDENT SIGNATURE & DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE & DATE \_\_\_\_\_

**Application Deadline (postmarked by September 7)**

Please complete and return this form before the September 7, 2021 deadline to:

OMEA/OFME Executive Director, PO Box 1067, Massillon, OH 44648;

or to: [executive\\_director@omea-ohio.org](mailto:executive_director@omea-ohio.org)