



Keith Eide Memorial Scholarship

The North Cascades Concert Band Board of Directors is pleased to announce the annual Keith Eide Memorial Scholarship Award. This scholarship is named for the founder and first conductor of our band. He was active in music beginning in fifth grade, and performed as a professional musician for over 45 years. In 1994, he founded the North Cascades Concert Band, which he directed and performed in until his death .

In the 25 years following the beginning of the band, a number of goals have been accomplished. A core group of some 55 members, from British Columbia to Olympia has been recruited. In 1995 the NCCB was incorporated as a not-for-profit organization. Our mailing list of patrons has grown to nearly 2,000 individuals.

The NCCB has established a regular concert schedule, featuring a number of first rate soloists, including members of the "President's Own" United States Marine Band. The concert venues reach from Blaine to Marysville, including Bellingham, Mount Vernon, Arlington, Stanwood, and Anacortes.

To date, the success of the NCCB has been accomplished through diligent financing, dedicated individuals, and enthusiastic audiences. We are now in the position to be able to award a scholarship in the amount of \$1,000.00 to a young musician from the North Cascades area (Snohomish, Skagit, and Whatcom counties) who has shown an interest in and aptitude for concert band performance as well as general music education. Our first scholarship was awarded in May, 2015.

The applicant for this scholarship:

- will be a senior in high school or a university student who is studying or planning to study Music or Music Education as his/her major in a 4 year college or university;
- has shown a particular interest in and aptitude for concert band literature;
- is interested in enriching, entertaining and educating audiences regarding the literature of concert bands.

Attached you will find one copy of the application; please feel free to make as many copies as you like for students who may be interested and qualify for this award. The NCCB Scholarship Committee has sole responsibility for selecting recipients. Decisions of the committee are final.

You may email Corey Priddy at pkorry2@comcast.net with any questions.



Keith Eide Memorial Scholarship

Purpose

Recognizing that participation in music activities can be a life-long experience, the purpose of this scholarship is to encourage the post-secondary study of music, to honor the influence of Keith Eide on the lives of countless student and adult musicians, and to provide the North Cascades Concert Band an opportunity to acknowledge achievement in music at the high school/college level.

Make sure you have enclosed with your application the following items:

- Completed application form.
- Personal essay (Up to two pages) telling about what music means to you and why you should be awarded this scholarship. Please include any awards or honors you have received, and state which instruments you play.
- Brief (Up to two paragraphs) statement of your intent to major in music or music education in a four year college program, and what you hope to do after you graduate.
- Confidential letter of recommendation from your high school band director, (if now in college, your music instructor) in an envelope sealed by the teacher.
- Confidential letter of recommendation from an adult who is not your relative, in an envelope sealed by the writer.

Send the above documents to:

The NCCB Scholarship Committee

c/o Corey Priddy

6350 Portal Way #10

Ferndale, WA 98248

**Applications and all submittals must be postmarked on or
before February 28, 2020.**



Application for The NCCB Keith Eide Memorial Scholarship

Applicant Information

First Name (**Please Print carefully**) _____ MI _____

Last Name _____ Gender: M F

Permanent Address : House number and Street _____ Apt. No. _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Date of Birth (mm / dd / yyyy) _____

Parent or Guardian Information (Not necessary if in college.)

First Name _____ MI _____ Last Name _____

Permanent Address : House number and street _____ Apt. No. _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email address _____

Signature of Parent or Guardian:

Date:



Keith Eide Memorial Scholarship

Band Director letter of recommendation

Purpose

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Name of person completing this letter of recommendation _____

In what capacity do you know this student?

When writing about this student, please address his/her participation and achievement in music and his/her leadership qualities. (Attach your letter to this sheet; please use size 12 font.)

Would you have any objection to being contacted by the selection committee for additional information? _____

Signature _____

Today's date _____

Phone # _____

Email Address _____

(Please place in a sealed envelope and return to applicant)



Keith Eide Memorial Scholarship

Other Adult letter of recommendation

Purpose

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Name of person completing this letter of recommendation _____

In what capacity do you know this student?

When writing about this student, please address his/her participation and achievement in music and his/her leadership qualities. (Attach your letter to this sheet; please use size 12 font.)

Would you have any objection to being contacted by the selection committee for additional information? _____

Signature _____

Today's date _____

Phone # _____

Email Address _____

(Please place in a sealed envelope and return to applicant)



Keith Eide Memorial Scholarship

After High School Information

College/University you plan to attend, or are attending. (if unknown, please list in order of preference the schools to which you have applied.) Use official school names.

First School

Name _____

City _____ State _____

Second School

Name _____

City _____ State _____

What is your intended course of study (Be specific)? _____

Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. I understand that falsification of information may result in revocation of any scholarship granted to me.

Signature of Applicant _____ Date _____