

The Aransas County Education Foundation  
MARTHA L. LUIGI CHORAL SCHOLARSHIP FUND  
Endowed by: Cecile Frost  
Application Information

ELIGIBILITY REQUIREMENTS:

1. Must be an entering freshman in a college or university in the fall following high school graduation.
2. Must major in a music degree program leading to certification in vocal performance, musical theatre (drama), or teaching certification in choral music.
3. Must be enrolled in the high school choir class for the fall and spring terms of the junior and senior years.

REQUIREMENTS FOR RENEWAL:

1. The scholarship is awarded for eight consecutive semesters. If there is a break in attendance, the scholarship is forfeited.
2. Must continue to pursue a major in an eligible music degree program.
3. Must remain in good standing as a student, maintain a 2.5 cumulative grade point average (on a point scale), and be enrolled for a minimum of twelve hours each semester.
4. **Must furnish, each semester, a transcript of college courses completed.**

APPLICATION CRITERIA :

1. Scholarship Application.
2. Resume outlining musical and other accomplishments.
3. High school transcript, **highlighting the choir classes taken in the junior and senior years.**
4. Short essay (not more than 2 pages) written by the applicant. The essay should describe reasons for studying music as a career goal.
5. Three letters of recommendation from individuals who can address the applicant's potential for success in undergraduate music education and success in a music career.
6. If the applicant would like to include a request indicating "financial need", this is welcomed. Supporting documentation may be submitted or required. While "need" will be considered, it is not, of itself, qualifying criteria.

Application for this scholarship is to be made in the senior year in accord with The Aransas County I.S.D. Education Foundation requirements. The signatures below indicate that the applicant is eligible to be considered for the above scholarship.

\_\_\_\_\_ ( Applicant Signature)                      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Counselor Signature)                      \_\_\_\_\_ (Date)

\_\_\_\_\_ Scholarship Number (To be filled in by Counselor)