



John Walter Cape Community Band

The Community Concert Band of Cape May County, New Jersey



The John Walter Cape Community Band – 2025 Music Scholarship Guidelines

General Information:

The John Walter Cape Community Band is a non-profit organization [501-C-3]. Our Mission is to foster and promote the social, intellectual, and musical welfare, education, and skill of our members and to bring music to the community. Our band plays a variety of musical styles, and we perform public concerts all year throughout Southern New Jersey.

In 2025, the band may award scholarships to a deserving students living in Cape May County and currently involved in any music or performing arts discipline.

Application Requirements:

- Be a high school senior residing in Cape May County at the time of award.
- Have a “C” average or better (confirmed by school records).
- Submit a completed application on or before May 16, 2025, include an official school transcript, music history and recommendations from school or private teacher.

The Scholarship Committee: Will consider any or all the following ...

- Music background and accomplishments.
- Performed or rehearsed with the John Walter Cape Community Band.
- Recommendations of music or performing arts department and/or private teacher.
- Evidence of enrollment in an accredited program/school beyond secondary level.
- Scholastic record.
- Need.

When to Apply:

Applications must be **received (not postmarked)** by the band’s Scholarship Committee at least two weeks prior to graduation or May 16, 2025, whatever is first. Applications received after this date may not be considered. Amount and number of awards is based on availability of funds to support the scholarship program. Payment is made directly to the student.

How to Apply:

You can request a copy of these Guidelines and Application from your music teacher or Guidance Counselor, visit www.johnwalterband.org and download a copy, or contact slgmaund@gmail.com and receive a copy via email. Return the application, school transcripts, and teacher recommendations to:

John Walter Cape Community Band
P.O. Box 1014
North Cape May, NJ 08204
Attn: Scholarship Committee

Or email a scanned copy to: "Sandra L. Garrison Maund at: slgmaund@gmail.com"



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Application for the John Walter Cape Community Band 2025 Scholarship Program

(Please type or print clearly—all information must be completed)

Applicant's Full Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail Address: _____

High School: _____ Graduation Date: _____

High School Counselor's Name: _____ Phone No: _____

Email address: _____

Grade point average: _____ (provide official transcript) Class Rank: _____ of _____

Parent's/Guardian's Names: _____

Please estimate the number of times you have rehearsed or performed with the John Walter Cape Community Band:
_____ rehearsals/concerts Years from 20__ to 20__

Indicate skill level for musical instrument(s) played, vocal aptitude (SATB) or performing arts interest, where 1 is beginner and 5 is outstanding for your age group. Attached additional pages if necessary:

_____ Rating: _____

_____ Rating: _____

Indicate school and music awards received and any other musical achievements and scholarships. Include regional and state band, orchestra, jazz band, choir, etc. Attach additional pages if necessary:

Indicate what musical organizations you have belonged to or currently belong and the corresponding dates. Attach additional pages if necessary:

_____ From _____ To _____

_____ From _____ To _____

What school or college do you plan to attend after High School graduation? _____

Applicant's Signature: _____

Parent or Guardian Signature: _____ Date: _____

Should the above applicant be selected for an award, as parent/guardian, I understand and agree that the student's name and photographs may be used to promote the band's programs in posts and media.

Questions: Contact Sandra L. Garrison Maund, our Scholarship Coordinator, at 609-231-3195 or via email at slgmaund@gmail.com



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2025 Music/Performing Arts Teacher Recommendation Form

Applicant's full name: _____

The person named above is applying for a John Walter Cape Community and Music Scholarship. Please complete the following information regarding the applicant. Describe and rate the applicant's musical talent and potential for success. Describe and rate the applicant as a member of the various school music organizations. Describe and rate the applicant's school citizenship and need for a scholarship.

Comments: _____

Your Name: _____

Signature: _____

Phone: _____

Title/Position: _____

Email: _____

This form and completed application must be received by band's Scholarship Committee NLT May 16, 2025

Mail to:

**John Walter Cape Community Band
P.O. Box 1014
North Cape May, NJ 08204
Attn: Scholarship Committee**

Or email a scanned copy to: "Sandra L. Garrison Maund at: slgmaund@gmail.com"