

# **JAMES H. HARGREAVES MEMORIAL SCHOLARSHIP FUND**

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**Administered by The Nova Scotia Band Association**

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The James H. Hargreaves Memorial Scholarship fund provides for a cash prize to be awarded annually to a graduating High School student who has been accepted for further musical study at a recognized post-secondary institution and whose band director or private music instructor is a paid up member of The Nova Scotia Band Association.

*James H. Hargreaves was born in Perth, Scotland in 1934. Educated in Scotland and England, he emigrated to Canada in 1959 and became prominent in the Canadian world of music as a virtuoso performer, renowned conductor and gifted teacher. Considered one of the foremost music directors of wind ensembles in Canada, he built programs that trained a generation of instrumental teachers. He was a graduate of the Royal Academy of Music, the Royal College of Music and Trinity College of Music in London, England. A gifted soloist in all styles he was principal trumpet in Her Majesty's Scots Guards and a CBC Radio recording artist. In 1970, he attended Crane School of Music, State University of New York and was a full professor at the St. Francis Xavier University School of Music from 1970 until his retirement in 1999. James Hargreaves was the founding Music Director and Conductor of the Nova Scotia Youth Wind Ensemble from 1991 to 1999, conductor of the National Youth Band of Canada in 1996, member of the Maritime Jazz Orchestra and an adjudicator and clinician across Canada. His many awards included the Canadian Band Association Distinguished Band Director Award and the Nova Scotia Music Educators' Association Musica Viva Award in 2001. Whether at the podium or in the classroom, Jim was a master teacher, respected by his colleagues and loved and admired by his students who remember him for his inspiration and support, and the impact he had on their musical lives. The James H. Hargreaves Memorial Scholarship Fund was established after his death in December 2003.*

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## **Rules and Regulations**

1. The applicant's band director or private music instructor must be a member in good standing of The Nova Scotia Band Association.
2. To be eligible, the applicant must be graduating this school year and must have received acceptance for musical study of a concert band instrument at a recognized post-secondary institution.
3. A SOLO recording (Cassette tape or CD) must be included with each application. Recordings must contain a minimum of two (2) selections of reasonable difficulty and must clearly demonstrate the applicant's instrumental ability. Total recording time is not to exceed 10 minutes. Although not a requirement, applicants may be accompanied by piano. Ensemble recordings will not be accepted.
4. The application must be accompanied by two (2) references (form attached). The applicant's School or Community Band Director must complete one of the reference forms. References are to be placed in sealed envelopes by the writers and returned to NSBA by the applicant along with their fully completed application.
5. A post-secondary contact name, phone number and e-mail address must be provided.
6. It is the applicant's responsibility to ensure that the recording, application form and the two (2) sealed letters of reference are forwarded to the address shown at the bottom of the application form.

**DECISIONS OF THE ADJUDICATION PANEL ARE FINAL**

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**THE JAMES HARGREAVES MEMORIAL SCHOLARSHIP**  
**- APPLICATION -**

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**SECTION I: IDENTIFICATION**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

**SECTION II: MUSICAL BACKGROUND**

1. Instrument(s) Played: \_\_\_\_\_

2. Number of years of Instruction: \_\_\_\_\_ (1) Private: \_\_\_\_\_ (2) School: \_\_\_\_\_  
\_\_\_\_\_

3. Band Director's Name: \_\_\_\_\_

4. Is Band Director a member of the Nova Scotia Band Association: \_\_\_\_\_

School or Community Band Name: \_\_\_\_\_

School or Community Band Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

5. Musical ensembles in which you have performed: *(use additional paper if needed and attach to application)*

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

iv. \_\_\_\_\_

v. \_\_\_\_\_

6. Please list any awards you have received: *(use additional paper if needed and attach to application)*

\_\_\_\_\_ Date Received: \_\_\_\_\_

\_\_\_\_\_ Date Received: \_\_\_\_\_

\_\_\_\_\_ Date Received: \_\_\_\_\_

**SECTION III: PROPOSED PROGRAM OF STUDY**

**1. Name or nature of proposed programs:** \_\_\_\_\_

**2. Name of School or Private Teacher:** \_\_\_\_\_

**Geographical Location (City/Province/Country):**

\_\_\_\_\_

**3. Have you received acceptance:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Not yet notified**

**4. Program Start Date:** \_\_\_\_\_

**5. Contact Name (at School or Studio):** \_\_\_\_\_

**Phone:** (     ) \_\_\_\_\_ **Email:**

\_\_\_\_\_

**6. Describe the role music has played in your life. (use additional paper if needed and attach to application)**

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**7. Why you have chosen to study music and what are your educational expectations?**

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**8. What are your long-term musical goals and objectives?**

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**SECTION IV: OTHER INFORMATION**

**1. Please provide any additional information you feel would assist the Scholarship Selection Committee.**

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**2. Please list the name and phone number of the person, other than your Band Director, who will submit a completed Reference Form.**

**Name:** \_\_\_\_\_ **Phone Number:** (     ) \_\_\_\_\_

<b>Applicant's Signature:</b> _____ <b>Date:</b> _____
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**Mail completed application, recording and letters of recommendation to:**

**Kay Greene**  
**Nova Scotia Band Association**  
**3438 Hwy 215, Centre Burlington, Hants Co., NS, B0N 1E0**  
**Phone: (902) 757-0151     E-mail: kgreene1@staff.ednet.ns.ca**

<i>NSBA Use Only</i> <i>Date Application Received:</i> _____ <i>Post-Secondary Acceptance Verified:</i> _____ <i>Comments:</i> _____ _____
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# THE JAMES HARGREAVES MEMORIAL SCHOLARSHIP

## - REFERENCE FORM -

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**Name of Applicant:**

\_\_\_\_\_

**Name: of Reference:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Reference's Position:** \_\_\_\_\_

**Number of years you have known the applicant:** \_\_\_\_\_

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**1. Please state in what association you have known the applicant:**

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**2. Please describe the applicant's current musical strengths:**

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**3. Please comment on the applicant's commitment to music:**

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