SR. THEA BOWMAN SCHOLAR MUSIC PROGRAM AGREEMENT

Lyke House: Catholic Center at the AUC BETWEEN: Phone: (404) 755-2646 809 Beckwith Street, S.W. FAX: (404) 755-3460 Atlanta, Georgia 30314 AND: Name: Classification Age Phone: Alternate Phone Permanent Mailing Address: City, State, Zip: College/University: Major/Minor: Instrument/Voice Type: Emergency Contact: Relationship: Phone: SCHOLARSHIP AGREEMENT Lyke House: The Catholic Center at the AUC, hereinafter referred to as Lyke House, agrees to provide a music and liturgy scholarship to _____ _____, hereinafter referred to as Scholar, for the _____academic year.

SCHOLARSHIP TERMS AND CONDITIONS

- 1. **Scholar** shall demonstrate musical and liturgical scholarship by attending music seminars/rehearsals and liturgical celebrations held at the Lyke House, or held off-campus at Lyke House related events, and by providing leadership, as directed, during Lyke House events, to include but not be limited to Holy Days of Obligation, the Lyke House Dedication Celebration, the Mason D. Harper Memorial Concert, and the Bowman Scholars' Recital.
- 2. **Scholar** agrees to arrive punctually to all music seminars/rehearsals and liturgical celebrations. Scholar agrees to arrive fifteen (15) minutes prior to all music seminars/rehearsals and forty-five (45) minutes prior to all liturgical celebrations. Scholar shall demonstrate preparedness by bringing music, paper, and writing utensils to all music seminars/rehearsals and liturgical celebrations. **Scholar** agrees to arrive to <u>all</u> liturgical celebrations dressed in a neat and appropriate manner, i.e., business or business casual attire. <u>Please note: tennis shoes/casual/sporting/lounge wear is unacceptable attire for a Bowman Scholar during Lyke House liturgical celebrations.</u>
- 3. **Scholar** understands that the Lyke House's Director of Liturgy and Worship directly mentors and oversees the Bowman Scholar Program. **Scholar** agrees to provide advanced notice to the Director of Liturgy and Worship in the event of tardiness and/or absences, <u>via a text and/or phone call</u>. Scholar understands that the Lyke House will only consider a limited number of personal illness/injury, and/or school-related obligations/family emergencies as excused absences.

- 4. **Scholar** agrees to secure the services of a substitute music/liturgical leader, who is able to render similar music/liturgical leadership services, in the event of the Scholar's absence. It is recommended that all substitute music/liturgical leaders be secured well-in advance of rehearsals and/or liturgical celebrations, in which the Scholar is unable to attend. Scholar accepts full responsibility for any payment/compensation made to the substitute music/liturgical leader during rehearsals and/or during liturgical celebrations.
- 5. **Scholar** agrees to attend Lyke House music and/or ministry workshops, retreats, and music/liturgical formation activities.
- 6. **Scholar**, along with the Lyke House Student Ministry Assistants, agrees to select one (1) day per week to participate in a mandatory Mass and Bible study/faith sharing as a team building exercise necessary for all student leaders participating in ministry at Lyke House.
- 7. **Scholar** agrees to form a "Prayer Partner" group consisting of a minimum of five (5) students who, along with the **Scholar**, meet regularly for faith sharing and encouragement through prayer, fellowship, and worship. **Scholar** will also be responsible for inviting their Prayer Partners to Sunday Mass as a means of peer outreach and evangelization throughout the academic year.
- 8. **Scholar** agrees to allow Lyke House to use his/her name, likeness, voice in all forms and media and hereby releases and discharges Lyke House from any and all claims and demands arising from or in connection with, in all manners, including but not limited to any and all claims for libel and invasion of privacy.

SCHOLARSHIP DISBURSEMENT

- 1. **Lyke House** shall release scholarship funds, up to the sum of ______ per quarter, ten (10) business days following the conclusion of the academic quarter (Midterms and Finals per semester) for music competence, liturgical leadership and scholarship demonstrated by the Scholar.
- 2. Reduction in the scholarship amount shall be made if the **Scholar** fails to demonstrate a consistent level of musical competence, professionalism, attendance, liturgical leadership and scholarship. The reduction in the scholarship amount is at the discretion of the Catholic Chaplain and Director of Lyke House in consultation with the Director of Liturgy and Worship.
- 3. **Scholar** shall assist the Lyke House as a student Bowman Scholar, engaged in an academic/liturgical mentoring and ministry program and *at no time* shall be considered an official employee or an independent contractor of the Lyke House.

SCHOLARSHIP AGREEMENT PERIOD

This agreement is effective upon signature by both parties and shall remain in effect for one academic year.

SCHOLARSHIP REVOCATION

- 1. This Scholarship Agreement constitutes the entire agreement between the Lyke House and the Scholar and supersedes all prior Scholarship Agreements, understandings and proposals (whether written or oral) in respect to the matters specified.
- 2. This Scholarship Agreement shall be deemed executed in the State of Georgia and shall be interpreted and construed in accordance with the laws of the State of Georgia relating to contracts made and performed herein.
- 3. Either the Lyke House or the **Scholar** may revoke this Scholarship Agreement by providing a two week, in-advance, written notice of revocation.

Sr. Thea Bowman Scholar Music Program Contract & Agreement

Signatures below signify an understanding of the agreements cited above and the commitment of all parties to fulfill these agreements. Signatures below also certify that having read the above agreements, all parties know and understand the meaning and intent of the agreements and are entering them knowingly and voluntarily.

SCHOLAR:		Date
	Authorized Signature	
LYKE HOUSE:		Date
	Authorized Signature	
LYKE HOUSE:		_Date
	Authorized Signature	