



Application for Music Scholarship

(Applications must be submitted at least one week prior to scheduled audition date. Please type or print)

Name _____

Home Address _____

Home Phone (____) _____ Cell Phone (____) _____

Email address (please print clearly) _____

High School Attended _____ Graduation Date _____

Instrument(s) and/or Voice Classification _____

List all other instruments you play (years of performance on each), and voice classification

List all music ensembles (include bands, orchestras, choirs, small ensembles, accompanist, etc.)

List compositions performed in solo contests or ensemble festivals. (include composer and title)

If you have studied privately, who were your teachers and how long did you study?

Intended major field in music? (check one) Bachelor of Music Education

Bachelor of Music Composition Bachelor of Music Performance

Bachelor of Arts in Music Elementary Specialization in Music

If not majoring in music, do you plan on minoring in music? Yes No

If not majoring in music, please indicate intended major: _____

List your present Music Director(s) and private teacher with their contact information.

Director's Name _____ Director's Email _____

Director #2 Name _____ Director #2 Email _____

Private Teacher's Name _____ Private Teacher Email _____

Student Name _____

Home Address _____

(To be completed by either student's school Music Director or Private Teacher)

How does this student compare with the best musicians in your program and how would you rank him/her with other members of this section or other private students.

Give a short history of this student's music experience under your guidance and evaluate him/her with special stress given to his/her dependability, character, leadership ability, and initiative.

Print Name _____

Signature _____

(To be completed by the Principal)

Please give a brief evaluation of this student's high school record and state his/her worthiness/need for scholarship aid. Other comments you might wish to make will be appreciated.

Test Results: Use any standard college level entrance examination.

Name of test _____ Raw Score _____ Percentile _____

Class Rank _____ out of _____

Signature _____ School _____

Please mail or fax this application *at least* one week prior to audition OR BY March 1, 2010 to:

Music Scholarship Committee
Southeast Missouri State University
River Campus Seminary Room 254
One University Plaza MS 7800
Cape Girardeau, Missouri 63701
Fax: (573) 651-2431
