



Southeast
Missouri State University

Application for Music Scholarship

(Please submit application at least one week prior to scheduled audition date. Please type or print)

Name _____

Home Address _____

Home Phone () _____

Cell Phone () _____

Email _____

High School Attended _____

Graduation Date _____

Instruments(s) and/or Voice Classification for Audition _____

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

As a student, which music groups have you performed with? (include bands, orchestras, choirs, small ensembles, accompanist, etc.) _____

If you have performed as a soloist or in solo contest and festivals, list some compositions in which you have performed. Give composer and title. _____

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

As a college student, what will be your major?

Music -Instrument: _____

Other-(please specify): _____

Voice-Classification: _____

Undecided: _____

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

Director's Name _____

School Mailing Address _____

City/State/Zip _____

Phone _____

Director's Name _____

School Mailing Address _____

City/State/Zip _____

Phone _____

Application for Music Scholarship – Recommendation page

Student's Name _____

Home Address _____

(To be complete by the 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.

Signed _____ School _____
(Teacher)

(To be completed by the Principal)

Please give a brief evaluation of this student and his high school record. State his/her worthiness and 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 date 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