

APPLICATION FOR MUSIC SCHOLARSHIP

Department of Music
Eastern Kentucky University
Richmond, KY 40475

I. PERSONAL DATA

Name _____ Age ____ GPA _____ ACT _____
First Middle Last

Address _____ City _____ State _____ Zip _____
Street and Number

Telephone Number (_____) Social Security Number _____

Parents/Guardian's Name _____

II. CAREER DATA

What is your professional goal in music? _____

Prospective College Major _____

III. EXPERIENCE

High school graduation date _____
month, year

Major instrument or voice _____
give voice type if voice

Years of private study _____
List instruments, years of study

IV. ADMINISTRATIVE DATA

List other colleges or universities to which you are applying for a music scholarship

Have you accepted a scholarship at another college/university? _____

If so, where? _____

An audition is necessary before you can be considered for a music scholarship at Eastern Kentucky University. When can you come to Richmond for an audition? _____

Give a number of alternative dates and times if possible

If you have questions or comments, attach a note or list on the back of this APPLICATION. We will notify you when your audition can be held. MAIL this application to the following address:

Mr. Rob James, Chariman
Department of Music
Eastern Kentucky University
521 Lancaster Avenue
Richmond, KY 40475-3102

Telephone: (859) 622-3266