

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 \_\_\_\_\_ Email: \_\_\_\_\_

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, Chairman  
Department of Music  
Eastern Kentucky University  
521 Lancaster Avenue  
Richmond, KY 40475-3102  
Telephone: (859) 622-3266  
Email: Rob.James@eku.edu  
Email: Karin.Sehmann@eku.edu