



College of the Arts • Department of Music

SCHOLARSHIP APPLICATION

Name: _____ Age : _____

Home Address: _____

Social Security Number: _____ Phone: _____

High School: _____

School Address: _____
_____ Phone: _____

Parent's Name: _____ Phone: _____

Instrument you play or voice part you sing: _____

SAT or ACT Score: _____

Musical Experience (use attachment if necessary)

Teacher's Name _____ Phone _____

Teacher's Name _____ Phone _____

Applicant's Statement

I understand that conditions for this scholarship award include satisfactory performance in assigned Department of Music ensembles and satisfactory academic progress as a music major in the VSU Department of Music.

Applicant: _____ Date: _____

Parent: _____ Date: _____

