

FOR OFFICE USE ONLY: Date: _____ **Heard by:** _____

Repertoire: _____

Recommendation: _____

**MUSIC SCHOLARSHIP
APPLICANT INFORMATION FORM**

NAME: _____ **PHONE:** _____

MAILING ADDRESS: _____
(Street) (City) (State) (Zip)

E-MAIL ADDRESS: _____

HENDRIX STATUS: ___ Applied ___ Accepted ___ Have not yet applied

MUSIC SCHOLARSHIP AUDITION CATEGORY: ___ Music Major ___ Music Participant

I. AUDITION AREA (list by instrument or voice range): _____

High school ensemble? ___ Yes ___ No ___ # of years of participation?

Name of school _____ Teacher(s) _____

E-mail or telephone number of teacher _____

Private lessons in this area? ___ Yes ___ No ___ # of years of lessons?

Where? _____ Teacher(s) _____

E-mail or telephone number of teacher _____

II. MUSIC ACTIVITIES/HONORS: Please list a representative sampling.

III. COLLEGE INTERESTS IN MUSIC: Please indicate the music area(s) in which you would like to participate at Hendrix.

___ Choir ___ Wind Ensemble (Band)

___ String Ensemble/Chamber Orchestra ___ Accompanying

___ Chamber Ensembles (vocal; instrumental)

___ Lessons—List area(s) _____

IV. GOALS AND PLANS: Please summarize any career plans you now have in mind.
(List "undecided" if you are unsure at this point.)