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.)