

MISSOURI WESTERN STATE COLLEGE
MUSIC SCHOLARSHIP/PARTICIPANT GRANT APPLICATION FORM

Scholarship Aid Application for:
(Check one only)
_____ Academic Year (Fall & Spring)
_____ Fall Only
_____ Spring Only

Date: _____
(Check one)
_____ Music Major
_____ Non Music Major

The neatness and completeness of your application is important.
Please Return As Soon As Possible.

Personal Information:

1. Name _____ (_____)
Last First Middle Age
2. Home Address _____
Street City State Zip
3. Phone _____ 4. Social Security No. _____
5. Email Address _____ 6. Date of Birth _____ 7. _____ / _____
Married / Single
8. Parents' Name _____
Address _____
9. Your **present** student classification: High School _____ College _____
10. Name and address of high school or college currently attending _____

11. Major instrument or voice classification:

(Check **only** the performance areas in which you are applying for scholarship)

VOICE: Soprano _____ Alto _____ Tenor _____ Baritone _____ Bass _____

KEYBOARD: Piano _____ Organ _____

STRING: Violin _____ Viola _____ Cello _____ Bass _____ Guitar _____

BRASS: (List) _____

PERCUSSION: (List) _____

WOODWIND: (List) _____

List other instrumental or vocal training and performance experience other than marked above:

12. Name, Address and Phone Number of Music Instructors:

High School Music Teacher: _____
Name
Address Phone

Private Music Teacher _____
Name
Address Phone
Instrument Length of Study

13. Performance Experience: (Please list briefly below)
Ensemble _____ Solo _____ Small Chamber _____

14. Academic and musical honors received: (Please list and include festival ratings)

15. What are your personal aims in education? What profession would you like to enter after graduation?

16. Please list the following: (a) ACT Standard Composite Score _____ (b) Rank in Graduating Class _____
Size of High School Graduating Class _____ GPA _____

Student Signature

Parent Signature

IMPORTANT

Return this application to:

**Department of Music
Missouri Western State College
4525 Downs Drive
St. Joseph, MO 64507-2294**

Phone (816) 271-4420

Fax (816) 271-5974