

**MISSOURI WESTERN STATE UNIVERISTY**  
**MUSIC SCHOLARSHIP/PARTICIPANT GRANT APPLICATION FORM**

Scholarship Aid Application for:

Date:

(check one only)

(check one)

\_\_\_\_\_ Academic Year (Fall & Spring)

\_\_\_\_\_ Music Major

\_\_\_\_\_ Fall Only

\_\_\_\_\_ Non Music Major

\_\_\_\_\_ Spring Only

---

The neatness and completeness of your application is important

**Please Return As Soon As Possible.**

**Personal Information:**

1. Name \_\_\_\_\_ Age(\_\_\_\_\_)

2. Home Address \_\_\_\_\_

3. Phone (\_\_\_\_\_) \_\_\_\_\_

4. Cell Phone \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_

6. Email Address \_\_\_\_\_

7. Parents' Name \_\_\_\_\_

Address \_\_\_\_\_

---

8. Your **present** student classification: High School \_\_\_\_\_ College \_\_\_\_\_

9. Name and address of high school or college currently attending

10. Major instrument or voice classification:

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

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:

---

---

---

11. 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 \_\_\_\_\_

12. Performance Experience: (Please list briefly below)

Ensemble \_\_\_\_\_ Solo \_\_\_\_\_ Small Chamber \_\_\_\_\_

13. Academic and music honors received: (Please list and include festival ratings)

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

15. 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 University  
4525 Downs Drive  
St. Joseph, MO 64507-2294

