

## SCHOOL OF MUSIC SCHOLARSHIP APPLICATION

Application for new award

Application for renewal

Application for Academic Year: Fall 2012/Spring 2013

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Information given here is confidential and will be evaluated only by qualified personnel in the Scholarship Office.

### I. PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ ( ) \_\_\_\_\_  
Street City State Zip Area Code Phone Number

E-mail Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Are you originally from Sedgwick County? YES NO Gender: Male Female

My WSU ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City St. Zip

Are you currently employed? YES NO Employer: \_\_\_\_\_ Hours worked per week (appx) \_\_\_\_\_

### II. MUSIC INFORMATION

1) Are you planning to major in music? YES NO

If yes, select proposed music major(s) - for double majors, indicate using both drop-down menus:

If no, indicate proposed major or undecided \_\_\_\_\_

2) Major instrument or voice classification:

Select only the performance area(s) in which you are applying for scholarship. If you are applying for more than one area, please indicate using the additional drop-down menus.

3) **New application only.** Have you completed a *WSU Music Entrance/Scholarship Audition*? YES NO

\*\*If "yes", name of faculty member \_\_\_\_\_ \*\*

\*\*If "no", be sure to fill out section IV: "Audition Reservation Form," to schedule an audition \*\*

4) **New application only.** Name of Music Instructor(s):

School Director/Teacher \_\_\_\_\_

Private Teacher \_\_\_\_\_

5) **New application only.** Briefly summarize your **performance experience.**

**III. ACADEMIC INFORMATION**

1) **Present** student classification:

High School                      Jr.                                      Sr.

College                              Fr.                                      So.                                      Jr.                                      Sr.

2) Name and Address of High School or College Currently Attending:

Name \_\_\_\_\_ Address \_\_\_\_\_

3) High School Seniors only – please list the following, if available:

a. ACT Standard Composite Score \_\_\_\_\_ b. Rank in Graduation Class \_\_\_\_\_ c. Size of Graduating Class \_\_\_\_\_

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## VI. FORM SUBMISSION

By initialing below and submitting this application, I certify that all the answers I have given in this application are correct to the best of my knowledge. I grant permission to obtain information about my grade point average, enrollment status, and financial status to evaluate my candidacy for scholarship awards. If I am awarded a scholarship, I authorize the University to publish my name as a scholarship recipient.

INITIAL \_\_\_\_\_ DATE \_\_\_\_\_

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## SUBMISSION INSTRUCTIONS

This form must be sent as an attachment to: **musicscholarships@wichita.edu**

A. To submit via a desktop email application (i.e. Outlook, Entourage, etc.), click here:

**OR**

B. If you do not have a desktop email application, save this form to your desktop (file - save as - select the desktop ). Then, log into your email account and email this form as an attachment to: **musicscholarships@wichita.edu**

**\*\*If you are a new applicant, please also complete an Audition Reservation Form online (wichita.edu/music, in the sidebar, under "Scholarships & Auditions") \*\***

**Internal Use Only:**

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

New      Ren      Renewal Amt: \$ \_\_\_\_\_ ACT \_\_\_\_\_ GPA \_\_\_\_\_

Major \_\_\_\_\_ Class \_\_\_\_\_

Notes \_\_\_\_\_

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First Area : \_\_\_\_\_ Amt Recomm. \$ \_\_\_\_\_

Signature of Area Director \_\_\_\_\_

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Second Area : \_\_\_\_\_ Amt Recomm. \$ \_\_\_\_\_

Signature of Area Director \_\_\_\_\_

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Third Area : \_\_\_\_\_ Amt Recomm. \$ \_\_\_\_\_

Signature of Area Director \_\_\_\_\_

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**TOTAL Amount Approved \$ \_\_\_\_\_**

**No Award Extended**

Acct 1 Name \_\_\_\_\_ Fund No. 1: \_\_\_\_\_ Amount 1: \$ \_\_\_\_\_

Acct 2 Name \_\_\_\_\_ Fund No. 2: \_\_\_\_\_ Amount 2: \$ \_\_\_\_\_

Acct 3 Name \_\_\_\_\_ Fund No. 3: \_\_\_\_\_ Amount 3: \$ \_\_\_\_\_

Acct 4 Name \_\_\_\_\_ Fund No. 4: \_\_\_\_\_ Amount 4: \$ \_\_\_\_\_

Special Awd \_\_\_\_\_ Fund No. sp: \_\_\_\_\_ Amount sp: \$ \_\_\_\_\_

**Initial** \_\_\_\_\_

**Additional Notes:**

**Letter Sent:** \_\_\_\_\_ **Response:** Acc.      Decl.      **Date:** \_\_\_\_\_ **N**