

MUSIC SCHOLARSHIP APPLICATION

This form is also available at our website
<http://www.uark.edu/depts/uamusic>

Please print all information

First Name M.I. Last Name Social Security No. Today's Date

Name of parent or guardian E-mail address Phone No.

Street Address City State & Zip Code

Major instrument or Voice Type Name of Last School Attended Grade Pt. Avg. ACT/SAT score

Do you plan to major in music? _____ Have you accepted a scholarship from another institution? _____

Academic Honors Received: _____

MUSIC EXPERIENCE

Names of Courses Taken: _____

Ensemble Experience: _____

Private Music Study (Name of Teachers, length of study): _____

Music Honors Received (All-State, All-Region, Solos, etc.): _____

Please indicate your preference for audition date: _____

Auditions by tape are possible if an
in-person audition isn't possible.

Please give the names and addresses of two references:

Name

Name

Position

Position

Address

Address

Phone

Phone

(DO NOT WRITE BELOW THIS LINE)

Comments (include names of auditioning committee members): _____

Recommendation: _____

Signed: _____