

---

---

**Music Scholarship Application**

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

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

High School: \_\_\_\_\_ GPA \_\_\_\_\_ SAT OR ACT Score: \_\_\_\_\_

College (if a transfer student): \_\_\_\_\_

Intended Major: (Music Education-Instrumental or Choral; Music Performance-Vocal or Instrumental; Church Music; Music Therapy; Other if Music Minor): \_\_\_\_\_

**Audition will be scheduled upon receipt of completed application, and confirmed by E-mail.**

Please list type of audition, i.e. vocal, keyboard, guitar, etc. Please list instrument(s) on which you will be performing.

Type of Audition: \_\_\_\_\_ Instrument(s): \_\_\_\_\_

Requested date of audition: \_\_\_\_\_ Requested time of audition: \_\_\_\_\_

I intend to perform the following selections:

Title: \_\_\_\_\_ Composer: \_\_\_\_\_

Title: \_\_\_\_\_ Composer: \_\_\_\_\_

Return Application to: Charleston Southern University  
Horton School of Music  
Post Office Box 118087  
Charleston, SC 29423-8087

You may also send this application  
by E-mail from our Web site at:  
[www.charlestonsouthern.edu](http://www.charlestonsouthern.edu)  
or fax to: (843) 863 – 7042

---

---

**OFFICIAL USE ONLY:**

Audition Date: \_\_\_\_\_ Application Date: \_\_\_\_\_ Acceptance Date: \_\_\_\_\_

Selections: \_\_\_\_\_

and \_\_\_\_\_

Instrument(s) \_\_\_\_\_

Major Ensemble: \_\_\_\_\_

Minor Ensemble: \_\_\_\_\_

Minor Ensemble: \_\_\_\_\_

**Musical Background**Instrument(s) (voice, flute, guitar, keyboard, trumpet, trombone, french horn, tuba, percussion, etc)  
\_\_\_\_\_  
\_\_\_\_\_

Have you studied privately on you instrument(s)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, for how long: \_\_\_\_\_

Name of instructor(s) (List the most recent first):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you studied music theory, sight-singing or ear training? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, for how long: \_\_\_\_\_

Ensemble Participation in number of years:

School Chorus: \_\_\_\_\_ School Band: \_\_\_\_\_ Church Choir: \_\_\_\_\_ Jazz Band: \_\_\_\_\_

All-State Chorus: \_\_\_\_\_ All State Band: \_\_\_\_\_ Honors and Awards: \_\_\_\_\_  
\_\_\_\_\_Other pertinent musical background: (i.e. community theater; community or municipal band or chorus; summer programs, etc.) \_\_\_\_\_  
\_\_\_\_\_What are your career goals in music, such as teaching, music ministry, music therapy, performance, etc?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a reference, please give us the name and phone number of a music teacher familiar with your musical ability.

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Return Application to: Charleston Southern University    You may also send this application  
Horton School of Music    by E-mail from our Web site at:  
Post Office Box 118087    [www.charlestonsouthern.edu](http://www.charlestonsouthern.edu)  
Charleston, SC 29423-8087    or fax to: (843) 863 – 7042