**School of Music Undergraduate Application for Scholarship Assistance**

(for current students requesting new funding or continuation of a scholarship beyond a fourth year)

Name:

Home Address:

(Street, City, State and Zip)

Phone number (cell or local contact number):

E-mail address:

Rank: (circle) FR SO JR SN

Major: Degree program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instrument or voice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a scholarship currently? Yes \_\_\_ No \_\_\_\_

If yes, how much is the annual amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current CUM GPA: \_\_\_\_\_\_

I confirm that the above information is correct.

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

Additional materials required:

1. Please attach a 1 or 2-page letter to this application, detailing why you are requesting scholarship assistance, either for the first time or to extend a current award.

2. Please request one letter of support from a faculty member who knows your work very well. That letter should be sent to the Associate Director’s office in 110 Weigel Hall.

**ALL MATERIALS ARE DUE IN 110 WEIGEL BY MARCH 30.**