One Macklem Drive• Wilmore, KY 40390• 859-858-3511 ext. 2250 • musicdept@asbury.edu

**Music Performance Scholarship**

**Application**

**1. Biographical Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       |       |       |
|  | *Last* | *First* | *Middle* |
| Phone: |       | E-mail:  |       |
| Mailing Address: |       |
| *Include city, state, zip* |
| Name of High School: |       |
| GPA: |       | [ ]  High School or [ ]  University? | SAT or ACT Scores: |       |
| Intended Major: |       | Intended Minor: |       |
| Instrument(s): |       |
| *If voice, indicate preferred part or range* |

**2. Music Activities**

Please describe your musical activities over the last two years. This section continues on the next page. You may respond on a separate attachment if you prefer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity #1:** |       | Start Date: |       | End Date: |       |
| Ensemble Position (if applicable): |       |
| Brief Description: |       |
| **Activity #2:** |       | Start Date: |       | End Date: |       |
| Ensemble Position (if applicable): |       |
| Brief Description: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity #3:** |       | Start Date: |       | End Date: |       |
| Ensemble Position (if applicable): |       |
| Brief Description: |       |
| **Activity #4:** |       | Start Date: |       | End Date: |       |
| Ensemble Position (if applicable): |       |
| Brief Description: |       |

**3. Essay Question**

On a separate sheet of paper, address the following topics: *Why do you want to be a music major or minor, or be an active participant in our music program? What do you plan do to with your major or minor? If you plan to be a music education major, discuss your reasons for wanting to teach music. Those who do not plan to major or minor should discuss the reasons they should be considered for this scholarship.*

**4. Reference**

As part of this application, the Music Department must have a letter of recommendation from a highschool or university music teacher or a private teacher. This form is available on the [Music Department Audition & Scholarship webpage](http://www.asbury.edu/academics/departments/music/auditions-scholarships) (www.asbury.edu/music). Please give the link or printed form to your reference to complete and send in.

|  |  |
| --- | --- |
| **Reference Name:** |       |
| This is to certify that I  | [ ]  do[ ]  do not | waive my right of access to information provided by my reference. |
|  |  |
| *Applicant’s Signature* | *Date* |

**5. Signature**

I affirm the information on this application is true to the best of my knowledge. I also authorize the Asbury University Music Department to access my Asbury University admissions application, including my academic transcripts.

|  |  |
| --- | --- |
|  |  |
| *Applicant’s Signature* | *Date* |

Upon completion of this application, please mail to:

**Music Department Scholarship Selection Committee**

Asbury University

One Macklem Drive

Wilmore, KY 40390