APPLICATION FOR SCHOLARSHIP

Please complete the Music Scholarship form and return to:
Dr. Demarr Woods
Chair, Department of Music
Hampton University
Hampton, Virginia 23668

Name:_____ ID Number: _____

Permanent Address_____

City_____ State____ Zip Code_____ Phone # _____

E-mail Address _____

Name of your school_____

NO:_____ Street_____

City_____ State_____ Zip Code_____

Director's Name_____ Phone Number _____

Private Teacher_____ Phone Number _____

Your major at Hampton University_____

Your instrument_____ Years Performed_____

List Solos Performed 1._____ 2. _____

Number of years in Band, Orchestra, or Choir:____ Part played:_____

List awards that you have received _____

_____

List other activities _____

_____

Have you applied to Hampton University?
Yes ☐ No ☐ If no, when will you apply? _____

Will your audition be: In Person ☐ On Audio ☐ or Videotape ☐

FOR OFFICIAL USE ONLY

Date received_____ Admission status_____
Type of audition _____ Evaluator_____
Audition scores_____ Accepted_____
Rejected_____ Amount Awarded_____