

APPLICATION FOR SCHOLARSHIP

Please complete the Music Scholarship form and return to:

**Dr. Shelia J. Maye
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 _____