

## SCHOOL OF MUSIC SCHOLARSHIP REQUEST APPLICATION

PERMANENT ADDRESS  Mailing Address:  Mailing Address:  Mailing Address:  City, State, Zip:  City, State, Zip:  Telephone:  Email:  Ema	NAME	WVU ID#	
Mailing Address:  City, State, Zip:  City, State, Zip:  Telephone:  Email:  Email:  Email:  @mix.wvu.edu  SCHOLARSHIP INFORMATION  Expected Date of Graduation:  Major (check one):  Performance Music Education _Theory _Composition _History _Jazz _Music Therapy _Music Industry _Level:  Academic Advisor:  Applied Instructor:  Applied Instructor:  Please list scholarship/assistance currently receiving from School of Music and WVU Financial Aid Office:  Please list the performance activities and ensembles in which you have participated:  Are you a Promise Scholar: [] yes [] no  Applicant Signature: My signature verifies that I believe I am currently meeting the terms of the Music Scholarship Award Agreement.  Date:  FACULTY ENDORSEMENT  This section must be completed by the student's current studio teacher and submitted directly to the Scholarship Chair. All remarks and recommendations will be confidential. All new awards are subject to the availability of funds.  Given what I know of the musical and scholastic merits of the student within my own area of the division:  [] I do not support this student for a new cash scholarship/increase of current cash scholarship  Comments:  Faculty Signature:  Faculty Signature:  Date:  Faculty Signature:  Date:  Faculty Signature:  Date:	Please print and use ink		
City, State, Zip: Telephone: Telephone: Email: Emai	PERMANENT ADDRESS	LOCAL ADDRESS	
Telephone:  Email:  Major Instructor:  Applied Instructor:  Are vell:  Applied Instructor:  Are vell:  Are you a WV resident? [] yes [] no  Are you a WV resident? [] yes [] no  Are you a WV resident? [] yes [] no  Are you a WV resident? [] yes [] no  Are you a WV resident? [] y	Mailing Address:	Mailing Address:	
Email: @mix.wvu.edu  SCHOLABSHIP INFORMATION  Expected Date of Graduation: Current GPA:  Major (check one): Performance Music Education Theory Composition History Jazz Music Therapy Music Industry  BA A Minor  Academic Advisor: Applied Instructor:  Please list scholarship/assistance currently receiving from School of Music and WVU Financial Aid Office:  Please list the performance activities and ensembles in which you have participated:  Are you a Promise Scholar: [] yes [] no Are you a WV resident? [] yes [] no  Applicant Signature: My signature verifies that I believe I am currently meeting the terms of the Music Scholarship Award Agreement.  Date:  FACULTY ENDORSEMENT  This section must be completed by the student's current studio teacher and submitted directly to the Scholarship Chair. All remarks and recommendations will be confidential. All new awards are subject to the availability of funds.  Given what I know of the musical and scholastic merits of the student writhin my own area of the division:  [] I do not support this student's request  [] I recommend this student for a new cash scholarship/increase of current cash scholarship  Comments:  Faculty Name: Faculty Signature: Date:  For OFFICE USE ONLY  Submit completed application to Mattie Jones, Administrative Associate, WVU School of Music, 4103 Creative Arts Center, PO Box 6111, Morgantown WV 26506 or FAX to 304-293-7491.	City, State, Zip:	City, State, Zip:	
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