

SCHOLARSHIP RENEWAL REQUEST FORM

NAME \_\_\_\_\_  
*Please print and use ink*

WVU ID# \_\_\_\_\_

PERMANENT ADDRESS		LOCAL ADDRESS	
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Telephone:		Telephone:	
Email:		Email: _____@mix.wvu.edu	

SCHOLARSHIP INFORMATION	
Expected Date of Graduate:	Current GPA:
Major (check one): <input type="checkbox"/> Performance <input type="checkbox"/> Music Education <input type="checkbox"/> Theory <input type="checkbox"/> Composition <input type="checkbox"/> History <input type="checkbox"/> Jazz <input type="checkbox"/> BA <input type="checkbox"/> Minor	Major Instrument:  Level:
Academic Advisor:	Applied Instructor:
I have been receiving a School of Music Scholarship for how many semesters: _____	
Please list scholarship currently receiving from the School of Music:  _____	
Please list scholarship currently receiving from WVU:  _____	
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 <i>Music Scholarship Award Agreement</i> .	Date: _____

If you are not currently meeting the terms of the Music Scholarship Agreement, please provide an explanation:

FOR OFFICE USE ONLY	
Submit completed renewal form to: Jodie M Lewis, Administrative Associate WVU School of Music, PO Box 6111 416A Creative Arts Center Morgantown WV 26506 or FAX to 304-293-7491.	Date Received: _____