



MUSIC SCHOLARSHIP REQUEST APPLICATION

NAME _____

WVU ID# _____

Please print and use ink

| 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 Graduation: | 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: |
| Academic Advisor: | Level: |
| Applied Instructor: | |
| Please list scholarship/assistance currently receiving from Division 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 <i>Music Scholarship Award Agreement</i> . | 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: | | |
| <input type="checkbox"/> I do not support this student's request <input type="checkbox"/> I recommend this student for a cash scholarship <input type="checkbox"/> I recommend this student for a full tuition waiver | | |
| Comments: | | |
| Faculty Name: | Faculty Signature: | Date: |

| FOR OFFICE USE ONLY | |
|---|---------------|
| Submit completed application to Jodie M Lewis, Administrative Associate, WVU Division of Music, 416A Creative Arts Center, PO Box 6111, Morgantown WV 26506 or FAX to 304-293-7491. | |
| Date Received: | |
| Award: <input type="checkbox"/> FAS <input type="checkbox"/> CASH: \$ _____ Amount | Account Name: |