

SCHOOL OF 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"/> Music Therapy <input type="checkbox"/> Music Industry <input type="checkbox"/> BA <input type="checkbox"/> Minor	Major Instrument:
	Level:
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 <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:		
[ ] 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.	
Date Received:	
Award: _____ FAS   _____ CASH: \$_____ Amount	Account Name: