



Box 16230,
Abilene, TX 79698
325/670-1426 ★ 325/670-5873 (fax)

This Form **Must** be returned, with a postmarked date, **ten days** prior to the requested audition.

APPLICATION FOR ENTRANCE AUDITION AND MUSIC SCHOLARSHIP

Please type or print in ink legibly. All questions must be answered.

Your Audition					
Check the date you wish to audition					
<input type="checkbox"/> Nov. 14, 2009		<input type="checkbox"/> Feb. 6, 2010		<input type="checkbox"/> Feb. 27, 2010	
<input type="checkbox"/> March 27, 2010					
Accompanist Will you need to use our accompanist for your audition <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name Last			First		Middle
					Home Phone
					Cell Phone
Address Number & Street		City		State	Zip
				E-mail	
Social Security Number		Marital Status		Sex	Date of Birth
- -		<input type="checkbox"/> Married <input type="checkbox"/> Single		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Musical Activities	Name of Organization	No. of Years	Instrument or Voice	Chair Position	Director's Name
School Band					
Jazz Band					
School Orchestra					
School Choir					
Church Choir					
Church Orchestra					
Musical Instrument - Please Check the instrument(s) on which you will be auditioning.					
Voice	<input type="checkbox"/> Cello	<input type="checkbox"/> Bassoon	<input type="checkbox"/> Baritone Horn	<input type="checkbox"/> Organ	
<input type="checkbox"/> Alto	<input type="checkbox"/> Double Bass	<input type="checkbox"/> Clarinet	<input type="checkbox"/> Euphonium	<input type="checkbox"/> Piano	
<input type="checkbox"/> Baritone	<input type="checkbox"/> Guitar	<input type="checkbox"/> Flute	<input type="checkbox"/> French Horn	<input type="checkbox"/> Percussion	
<input type="checkbox"/> Bass	<input type="checkbox"/> Viola	<input type="checkbox"/> Oboe	<input type="checkbox"/> Trombone		
<input type="checkbox"/> Soprano	<input type="checkbox"/> Violin	<input type="checkbox"/> Saxophone	<input type="checkbox"/> Trumpet		
<input type="checkbox"/> Tenor			<input type="checkbox"/> Tuba		
Bachelor of Music Degree Check the degree you wish to seek at HSU					
<input type="checkbox"/> Music Education					
<input type="checkbox"/> Church Music					
<input type="checkbox"/> Music Theory					
<input type="checkbox"/> Music Composition					
<input type="checkbox"/> Performance					
<input type="checkbox"/> Music Business					
Other Degree _____ (BA, BBA, BS, BBS, BS in Nursing)					
<input type="checkbox"/> Music Minor					
Major List your major area of study			Minor If you plan to pursue a minor, please list it below		

Semester you plan to enter HSU		Entering Classification Check one					
<input type="checkbox"/> Spring <input type="checkbox"/> Fall 20____		<input type="checkbox"/> Freshman		<input type="checkbox"/> Sophomore		<input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Do You Study Privately				Private Teacher			
<input type="checkbox"/> Yes, Instrument: _____				Name _____			
<input type="checkbox"/> No				Address _____			
Schools attended	Name of School			City and State		Dates of Attendance	
High School							
Colleges							
Conservatories							
Music Honors List honors you received as a music student							
Grade Point Average List your high school grade average in the following subjects							
	GPA		GPA		GPA		GPA
Mathematics		English		Languages		History	
Science		Music		Band		Choir	
Orchestra		Other _____					
Foreign Languages List foreign languages that you read							
Scholarships List any scholarships you now hold or previously held at the college level							
Scholarship Type / Names				College/School			
Career Plans Check all that apply							
<input type="checkbox"/> Band Director		<input type="checkbox"/> Private Music Teacher		<input type="checkbox"/> Professional Performing Musician (<i>Symphony, Dance Band, Opera, Chorus, etc.</i>)			
<input type="checkbox"/> Choir Director		<input type="checkbox"/> Orchestra Director		<input type="checkbox"/> Career in Music Related Business			
<input type="checkbox"/> Church Music Director		<input type="checkbox"/> Elementary or High School General Music Teacher		<input type="checkbox"/> Other (<i>Specify</i>) _____			
<input type="checkbox"/> College Music Teacher							
References List the names of two persons who will be evaluating your musical and academic ability							
	Name		Address (<i>Street / City / State / ZIP/e-mail address</i>)			Position	
1.							
2.							
Statement of Need Please list the reasons you are applying for a music scholarship at HSU. Awards are granted on the basis of musical ability, scholastic achievement and financial need. Please be frank in discussing your needs. All information supplied will be held in strict confidence. Attach a separate sheet if additional space is needed.							

Applicants Signature

Date