

# SCHOLARSHIP APPLICATION FORM

ST. CLOUD STATE UNIVERSITY DEPARTMENT OF MUSIC

\_\_\_\_\_ I plan to audition on Saturday, February 7<sup>th</sup> (Application Deadline: January 26<sup>th</sup>)

*If you have any special needs or concerns please contact*

Dr. Daniel O'Bryant, Scholarship Committee Chair [dkobryant@stcloudstate.edu](mailto:dkobryant@stcloudstate.edu) (320) 308-2280

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Current School Attending \_\_\_\_\_

You will be entering SCSU as a: Fr. \_\_\_\_\_ Soph. \_\_\_\_\_ Jr. \_\_\_\_\_ Sr. \_\_\_\_\_ Grad. \_\_\_\_\_

Primary Instrument or Voice Classification \_\_\_\_\_

Other instrument(s) \_\_\_\_\_

Number of years in: Choir \_\_\_\_\_ Band \_\_\_\_\_ Orchestra \_\_\_\_\_ Jazz \_\_\_\_\_ Piano Study \_\_\_\_\_

Private Teacher's Name \_\_\_\_\_ Current GPA \_\_\_\_\_

Ensemble Director's Name \_\_\_\_\_ Rank in class \_\_\_\_\_

Degree Programs (please check the degree program in which you are interested)

- |   |   |
|---|---|
| <input type="checkbox"/> B.M. in Performance                  | <input type="checkbox"/> B.A. in Music                              |
| <input type="checkbox"/> B.M. in Piano Pedagogy               | <input type="checkbox"/> B.A. in Music, Jazz Emphasis               |
| <input type="checkbox"/> B.S. in Instrumental Music Education | <input type="checkbox"/> B.A. in Music, Theory/Composition Emphasis |
| <input type="checkbox"/> B.S. in Vocal Music Education        | <input type="checkbox"/> B.A. in Music, New Media Emphasis          |
| <input type="checkbox"/> Minor in Music                       | <input type="checkbox"/> Other (non Music)                          |

**Check one:**  Have applied to SCSU  Applied and accepted  Have not applied

Musical Activities (*lessons, ensembles, other creative activities*)

\_\_\_\_\_

Honors/Awards in Music (*Region or All-State, contest ratings, competitions*). You are encouraged to attach additional information or resume.

\_\_\_\_\_

Why are you considering St Cloud State University?

\_\_\_\_\_

What other colleges or universities are you considering?

\_\_\_\_\_

What musical activities do you plan on participating in at the collegiate level?

\_\_\_\_\_

How did you find out about the Music Department at St Cloud State University?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Flyer or Poster              | <input type="checkbox"/> Website       | <input type="checkbox"/> Newsletter/Postcard    |
| <input type="checkbox"/> Friend                       | <input type="checkbox"/> Tour/Festival | <input type="checkbox"/> Director/Music Teacher |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

Selections to be performed:

\_\_\_\_\_ Title \_\_\_\_\_ Composer

\_\_\_\_\_ Title \_\_\_\_\_ Composer

Singers only: \_\_\_\_\_ I would like SCSU to furnish an accompanist for my audition  
\_\_\_\_\_ I will furnish my own accompanist

*The St Cloud State University Music Department has a list of scholarship/entrance audition requirements posted on the website: <http://www.stcloudstate.edu/music/scholarship.asp>. These requirements are listed by area of study and should be useful as you prepare to audition. In most cases you will want to prepare two contrasting styles of selection. If you plan to audition on more than one instrument make a note of it on the Audition Form.*

Return Scholarship Audition Form to: **Dr. Marion Judish**, Scholarship Committee  
SCSU - 720 4<sup>th</sup> Ave. S.  
St Cloud, MN 56301-4498  
[dkobryant@stcloudstate.edu](mailto:dkobryant@stcloudstate.edu)  
(320) 308-2280 Fax: (320) 308-2902



**Department Use Only**

Summary of Audition Comments:

\_\_\_\_\_ Signature \_\_\_\_\_ Printed

Rating: (scale of 1 to 10)

Recommended for:  Admission into Applied Studio  Scholarship

Amount Offered \_\_\_\_\_

Amount Awarded \_\_\_\_\_