



MUSIC ADMISSION & SCHOLARSHIP APPLICATION

Name					
EKU ID # (If Known)		Date of Birth			
Email Address					
Street Address				Apt. No.	
City		State		Zip Code	
Home Phone			Cell Phone		
Parent/Guardian			Parent/Guardian Phone		
High School GPA			Composite ACT		

Check One Instrumental Major List Major Instrument _____
 Vocal Major List Voice Type (Soprano, Alto, etc.) _____

Application Date _____ Application Status Freshman Transfer Student
(Transfer Students Only)

Current/Most Recently Attended School _____
 Major _____ Entrance Term Spring 20____ Fall 20____
 Did you receive a music scholarship at your prior university or college? No Yes

PROSPECTIVE DEGREE OPTION & SCHOLARSHIP CONSIDERATION

Which Degree Option do you plan to pursue? <input type="checkbox"/> Music Industry <input type="checkbox"/> Music Education <input type="checkbox"/> Music Performance <input type="checkbox"/> Theory/Composition <input type="checkbox"/> Recording Arts	Would you like to be considered for a Music Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No
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1. Have you studied music privately? No Yes If so, how many years? _____
 Private Instructor _____ Phone Number _____
2. Have you attended summer music camps or festivals? No Yes
 If so, please explain _____

3. Have you attended the Governor's School for the Arts or performed with an All-State ensemble?
 No Yes If so, please explain: _____

4. Discuss your prior ensemble experience: _____

5. How did you learn about the School of Music at Eastern Kentucky University? _____

6. *Optional:* To which other colleges or universities are you applying? _____

I agree that all information listed above is honest and accurate as of the date listed above.

PLEASE RETURN ALL FORMS TO:

Department Chair
 EKV School of Music - 521 Lancaster Ave. - Foster 101
 Richmond, KY 40475
 Phone: 859-622-3266 - Fax: 859-622-1333

PRIORITY DATE FOR RECEIPT OF THIS FORM:

MARCH 1ST

OFFICE USE ONLY

Primary Instrument/Voice:	Level:	Admit <input type="checkbox"/> Yes <input type="checkbox"/> Probationary <input type="checkbox"/> No	Recommended Program
Secondary Instrument/Voice:	Level:	Admit <input type="checkbox"/> Yes <input type="checkbox"/> Probationary <input type="checkbox"/> No	Recommended Program

Musicianship Test Results:

Comments: _____

Faculty Signature: _____ **Date:** _____

Eastern Kentucky University - School of Music
 521 Lancaster Ave. – Foster 101 – Richmond, KY – 40475 - 859-622-3266



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