
Music Scholarship Application

Date: _____

Full Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____ Cell Number: () _____ **Email Address:** _____

High School: _____ GPA _____ SAT OR ACT Score: _____

College (if a transfer student): _____

Intended Major: (Music Education-Instrumental or Choral; Music Performance-Vocal or Instrumental;
Worship and Music Leadership; Music Therapy; Other if Music Minor): _____**Audition will be scheduled upon receipt of completed application, and confirmed by email.****Please include a list of instruments played, years of study, ensembles performed, honors received and studio teachers. Also, please include a recommendation letter from a current music instructor who can attest to your musicianship and dedication.**

Please list type of audition (vocal or instrumental) Please list instrument(s) or voice part

Type of Audition: _____ Instrument(s): _____

Requested date of audition: _____ Requested time of audition: _____

I intend to perform the following selections:

Title: _____ Composer: _____

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Mail Application to: Charleston Southern University OR Fax to: (843) 863-7042
Horton School of Music
Post Office Box 118087 OR Email to: music@csuniv.edu
Charleston, SC 29423-8087

OFFICIAL USE ONLY:

Audition Date: _____ Application Date: _____ Acceptance Date: _____

Selections: _____

And _____

Instrument(s) _____

Recommended Ensemble(s): _____

Scholarship Amount: _____