



<p align="center"><u>Faculty Use Only - Notes on Reverse</u></p> <p>Score: _____</p> <p>Faculty Initials: _____</p>

Music Scholarship Application

Name: _____ Application Date: _____

Home mailing address: _____ Cell phone: (____) _____ - _____

City: _____ State: ____ Zip code: _____ Date of Birth: ____ / ____ / ____

Email address: _____ Fax: (____) _____ - _____

Parent / Guardian Name: _____ Cell phone: (____) _____ - _____

Name of school currently attending: _____ Current GPA: _____

Intended Major: _____

Do you have OHLAP (Oklahoma's Promise)? _____

(please check one)

ACT Score _____

- Bachelor of Music (Performance)
- Bachelor of Music (Music Business)
- Bachelor of Music (Music Therapy)
- Bachelor of Music Education (Instrumental)
- Bachelor of Music Education (Vocal)
- Non-Music Major - Major _____

When you plan to audition at SWOSU? Date: _____ Time: _____ (between 8am and 5pm)

After submission you may call with a request for an alternate date at: 580.774.3708

Principal area in which you plan to audition (what instrument or vocal part): _____

Audition Title #1 _____ Audition Key #1 _____

Audition Title #2 _____ Audition Key #2 _____

List other instrumental or vocal skills in order of proficiency:

List your most important musical activities and honors (you may attach a word document to your application):

www.swosu.edu/music

Audition Dates:

<p align="center">Friday, February 8, 2019</p> <p>Monday-Friday, February 11-15, 2019</p> <p>Monday-Friday, February 18-22, 2019</p>
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Application Submission:

<p>Mail to: SWOSU Music Office 100 Campus Drive Weatherford, OK 73096</p> <p>Fax to: 580.774.3714</p> <p>Email to: music@swosu.edu</p>
