



(print legibly)

STUDENT INFORMATION

Address: Apt. #, Street, City, State, Zip

District: _____

Anticipated Date of Enrollment: Year _____ Semester: Fall Spring

Check one: Undergraduate Postgraduate

Check the scholarship(s) of your interest:

Ensemble Scholarships (All Andrews students are eligible to apply for ensemble scholarships)

Graduate Assistantships (graduate music students only)

Classical Vocal _____
Soloist _____
Woods Instrument _____

Major Instrument _____

Level of Enrollment: Freshman _____ Sophomore _____

Major: _____ Minor: _____

High School: _____

City: _____ State: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Present or last school attended: _____

State: _____

City: _____ State: _____

Street: _____

Have you applied to Andrews University? Yes No Have you been accepted to Andrews University? Yes No

Proposed major(s): _____ Minor: _____

List your private music teachers and indicate your length of study with each.

Table with 3 columns: Organization, When, Instrument/Voice

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List all academic and musical awards, honors and recognitions you have received.

Blank lines for listing awards and recognitions

(print legibly)

NAME: _____

TELEPHONE: _____ (preferably music teachers):

NAME: _____ P: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____

NAME: _____ P: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ COUNTRY: _____

Students who wish to be considered for Department of Music scholarships must audition by January 1 (for priority consideration) and no later than April 1:

LETTERS OF RECOMMENDATION FROM _____ M OR

RECOMMENDATIONS FROM _____

Ensemble Audition Requirements:

W: _____ O: _____
S: _____
V: _____

Solo Audition Requirements (*music majors, minors and graduate students*):

SEND _____ — andrews.edu/cas/music/admissions

STATEMENT OF PURPOSE

OBJECTIVE: _____

REASON FOR INTEREST: _____

Chair, Scholarship Committee
Department of Music
Andrews University
8495 University Blvd
Berrien Springs MI 49104-0230

FOR OFFICE USE ONLY

CUM GRADE: _____ A _____ N _____ S _____