Music Scholarship Application/Audition Form

Name:	NSU CWID# or Last Four Digits of SS#:	Date:
Mailing Address:		
City:	State:	Zip:
Student's Cell Phone:	and Email:	
High School:		
DOB: GPA: _	ACT/SAT:	Year of Graduation:
Parents Name	Hor	ne Phone:
Parents Cell phone:	and E-mail:	
Primary Instrument/Voice Type:		
Other instruments you play or have play	ayed:	T-Shirt Size:
Proposed Academic Major:		
Honors/Awards:		
I Have Submitted an Application to N	SU: Yes No	
I understand that there will be a mutual configure that after May 1 of the calendar year of my matriculation into a graduate-level National Association of Schools of Musicothe Fall Semester of the academic year list Performing Arts at Northwestern State University	from the School of Creative and Performing Arts at Northwestern State of my matriculation into an undergraduate-level program, I will not consider any other offer of financials or any other institutions for the purpose of enrolling inted above, except with the expressed written consent of the inversity of Louisiana.	ate University of Louisiana. Therefore, I cam or after April 15 of the calendar year l aid from an institutional member of the n a music major program beginning with the Director of the School of Creative and
based financial aid or scholarships at another forfeiture of any scholarship offered throug proper written release by the music execut	er institution. I also understand that failure to disclose suc gh the School of Creative and Performing Arts at Northw tive (as defined by the National Association of School of ol of Creative and Performing Arts at Northwestern State	ch information will result in the immediate vestern State University of Louisiana until Music) from my previous institution has
Should you have any questions, contact us	at 318-357-4522.	
Name	Date	

III | NORTHWESTERN STATE

[Please score each category (i.e. from 1 to 100—low to high) and recommend total award.]

Tone:					
Range:					
Technique:					
Musicianship:					
Other:					
Comments:					
Total Score:					
Scholarship I	Recommendation/Sen	nester			
Magale: Award	\$		Color Guard: Award	\$	
Choir: Award	\$		Orchestra: Award	\$	
Piano: Award	\$		Symphony: Award	\$	
Band: Award	\$		Re-Audition: Award	\$	
Out of State:		Other:	Total Awa	nrd: \$ per year	
This scholarship will start in (Fall/ Spring) of 20					
Faculty Signature:			Date:		
Director of Emphasis Area or Dept. Head:			Date:		
GPA	ACT/SAT	OOS			
Additional Revie	ew Approval: 1	Date:	2	Date:	