MUSIC SCHOLARSHIP AWARD APPLICATION
MUSIC DEPARTMENT
music@bakerU.edu
(785)594-8478

(Please complete both sides of application, type or print)
(Resume may be attached)

____________________________________________________________ GPA _________
Name:  First  Middle  Last
____________________________________________________________ ACT__________
Address
_____________________________________________________(_______)___________________
City    State    Zip   Telephone

________________________________________________________________________________
E-mail Address

Applying for (check one):  _____ Fall Semester   201__
____ Spring Semester 201__
____ As Freshman     ____As Transfer

Primary Instrument/Voice Part - ________________________________

Secondary Instrument/Voice Part - ________________________________

Music groups in which you have participated and years of participation in each:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Private Voice Lessons, years studied_____ Teachers name(s)______________________________

Private Piano Lessons, years studied_____ Teachers name(s)______________________________

Private Instrumental Lessons, years studied_____ Teachers name(s)________________________
List high schools and/or colleges attended, and years of attendance:
________________________________________________________________________________
________________________________________________________________________________

Music activities, solo-ensemble festival participation, and honors:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

List high school non-music extra curricular activities, clubs and offices held, and other cultural interests:
________________________________________________________________________________
________________________________________________________________________________

INTENDED MAJOR: INDICATE DEGREE PROGRAM DESIRED

_____ BACHELOR OF ARTS: MUSIC
   (Recommended for those students desiring Double Major)

_____ BACHELOR OF MUSIC EDUCATION
   Teacher Licensure in Vocal or Instrumental or Vocal-Instrumental (General)

_____ MUSIC THERAPY, cooperative BA/BME course of study with the University of Kansas

_____ MINOR IN MUSIC, 18 CREDIT HOURS

IF OTHER THAN MUSIC, PLEASE INDICATE

_____ BACHELOR OF ARTS:_______________________________________

_____ BACHELOR OF SCIENCE:____________________________________

_____ UNDECIDED

Please mail to:
Department of Music
Baker University
P.O. Box 65
408 Eighth Street
Baldwin City, KS 66006