

## 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	e Last		
			ACT	
Address				
			()	
City	State	Zip	Telephone	
E-mail Addre	ess			
Applying for		Fall Semester 201_ Spring Semester 201_ As FreshmanA		
Primary In	strument/Voice Part			
Secondary	Instrument/Voice Part			
Music groups	in which you have part	cicipated and years of	participation in each:	
Private Voice	Lessons, years studied	Teachers name	e(s)	
Private Piano	Lessons, years studied_	Teachers name(	e(s)	
	-		rs name(s)	

List high schools and/or colleges attended, and years of attendance:				
Music activities, solo-ensemble festival participation, and honors:				
List high school <i>non-music</i> 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