



MUSIC SCHOLARSHIP APPLICATION

Date of Application

I. Personal Information:

Name: (Mr./Miss/Mrs./Ms.) _____
First//Middle/Last

Permanent Address: _____
Street

City/State/Zip

Telephone: (_____) _____ E-Mail: _____

Birthdate: _____ Social Security No.: _____ - _____ - _____

Residence Status: ____ In-District ____ Out-of-District ____ Out-of-State/Foreign

II. Educational Experience:

Name of Institution _____ to _____
Month/Year Month/Year

Name of Institution _____ to _____
Month/Year Month/Year

Name of Institution _____ to _____
Month/Year Month/Year

State briefly your educational goals: _____

III. Financial Information: Describe below any pertinent information concerning the financial situation of your family that would be helpful in assessing your financial need for the award requested.

Have you already applied for financial aid through the College? ____yes ____ no
Are you presently receiving any financial aid or scholarships? ____ yes ____ no

If yes, please indicate specifically:
 Work Study Pell Grant Student Loan Other Grants or Scholarships
(please list) _____

IV. **Experience:** Briefly describe your experience in music and musical ensembles to date. Include any awards or honors received. _____

V. **Audition Information:** Voice/ Instrument type: _____

Name of Private or School Ensemble Teacher: _____

Please provide a one paragraph statement describing your musical goals. This must accompany the completed application.

****For Office Use Only****

Recommendations: _____

Scholarship Granted: _____

Amount Granted: \$ _____ **Semester Granted:** _____

Approved By: _____ Date: _____

Approved By: _____ Date: _____

Dept. Chair Signature: _____ Date: _____

Please return to: **Kellogg Community College
Arts and Communication Department
Scholarship Committee
450 North Avenue
Battle Creek, MI 49017**