

☐ Application Rec'd \_\_\_\_\_  
☐ # Recommendation Form \_\_\_\_\_  
☐ Accepted \_\_\_\_\_  
☐ Conditional \_\_\_\_\_  
☐ Declined \_\_\_\_\_  
 Audition Score \_\_\_\_\_

### Students applying for a Music Department scholarship (both Music majors and non-Music majors)

#### must:

1. Be an accepted EU student.
2. Submit a completed Department of Music Application/Scholarship form prior to the audition.
3. Submit the attached Applicant Recommendation Form.
4. Audition (live performance preferred) before the Evangel Music faculty. Call 417.865.2815 ext. 7211 for audition appointments. Repertoire suggestions can be found at <http://www.evangel.edu/departments/music/more-information/department-scholarships/>.

### Students applying for admittance as music majors must:

1. Submit a completed Department of Music Application/Scholarship form. (This includes the completion of 1 Applicant Recommendation Form.)
2. Audition in the primary area of study (voice, keyboard, or instrumental). Repertoire suggestions can be found at <http://www.evangel.edu/departments/music/more-information/department-scholarships/>.

Based on audition in chosen area, a student may:

- Be given full acceptance into the music major curriculum.
- Be accepted on a conditional status for a period of one semester at which time they must re-audition during the semester jury exam.
- Be advised to pursue another area of study or possibly to minor in music.

### Recorded Auditions

1. If a live audition is not possible, a high quality CD, DVD or Digital Audio File is acceptable.
2. Recording must include examples of performance on primary instrument or voice. Multiple instruments are acceptable.
3. Repertoire suggestions can be found at <http://www.evangel.edu/departments/music/more-information/department-scholarships/>.
4. Recordings should total no more than 15 minutes.

### All materials are due by March 20

Special on-campus audition (Music Days) days:  
November 7, 2014; February 20 and March 20,  
2015

Date \_\_\_\_\_

Name \_\_\_\_\_

I am applying for: (check all that apply)

- ☐ Admission into Music Program  
☐ Performance Scholarship

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

High school and/or college attended \_\_\_\_\_

Date of HS graduation \_\_\_\_\_

SAT and/or ACT composite score \_\_\_\_\_

Name of home church \_\_\_\_\_

Pastor \_\_\_\_\_

Projected college major(s) \_\_\_\_\_

### Please send to:

Department of Music  
 EVANGEL UNIVERSITY  
 1111 North Glenstone Avenue  
 Springfield, Missouri 65802  
 (417) 865-2815 Ext. 7211  
 fax: (417) 865-9599



1. Instrument(s) and/or voice classification for audition: \_\_\_\_\_

2. List voice classification, all instruments you play, and years of performance for each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. List school groups you have been active in as a student (*include band, orchestra, choirs, small ensembles, accompanist, etc.*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If you have performed as a soloist or in solo contests and festivals, list some compositions you have performed (*include composer and title*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Have you entered other judged events? If so, what were the results?

<i>Event</i>	<i>Result</i>
_____	_____
_____	_____
_____	_____

6. If you have studied privately, list your instructors and length of study under each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Name and address of present music director(s), coach or personal reference: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

8. Describe leadership roles, offices held and academic honors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. List community and church-related activities in which you have been involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# evangeluniversity

## DEPARTMENT OF MUSIC

### RECOMMENDATION FORM

For all Music Degree and Music Performance Scholarship Applicants

#### TO THE APPLICANT:

Please provide your legal name and address. This form needs to be submitted to one of the following (music teacher, private instructor, music pastor, worship leader, etc.) Non-relative preferred for recommendation.

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

☐ I waive my right to review this recommendation so that the person completing this form may do so without reservation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please check all that apply: ☐ Music Degree Applicant ☐ Music Performance Scholarship Applicant

#### RECOMMENDATION:

In order to determine this applicant's qualification for acceptance into the music program or consideration for music performance scholarships, the Evangel University *Department of Music* requests your evaluation of the applicant's musical abilities and character. Please complete, sign and return to Evangel University *Department of Music*, 1111 N. Glenstone, Springfield, MO 65802. We highly respect and value your response.

Reference Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name of School/Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of School/Organization: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Email: \_\_\_\_\_

In what capacity do you know the applicant? (employer, teacher, etc.) \_\_\_\_\_

	Excellent	Very Good	Good	Satisfactory	Poor	Don't Know
Performance Ability						
Sight-reading						
Ability to memorize						
Pitch sense ("ear")						
Ability to improvise						
Technical skills						
Commitment to task						
Reliability						
Initiative						
Ability to function/perform under stress						
Punctuality						

Please make additional comments to help us better evaluate the applicant. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_