Evangel University

Department of Music
Application/Scholarship Form

For Office Use Only
- ❑ 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.

Special on-campus audition (Music Days) day:
October 31, 2015 & February 15, 2016

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) 575-5476

Evangel University

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?

*Event*_____*Result*_____

*Event*_____*Result*_____

*Event*_____*Result*_____

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_____