Evangel University

Department of Music
Application/Scholarship Form

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
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: _______________________________

________________________________________________________________________________________

________________________________________________________________________________________________
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.) __________________________

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<th>Performance Ability</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Poor</th>
<th>Don't Know</th>
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<td>Sight-reading</td>
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<td>Ability to memorize</td>
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<td>Pitch sense (&quot;ear&quot;)</td>
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<td>Technical skills</td>
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<td>Commitment to task</td>
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<td>Reliability</td>
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<td>Initiative</td>
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<td>Ability to function/perform under stress</td>
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<td>Punctuality</td>
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Please make additional comments to help us better evaluate the applicant.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature __________________________ Date __________________________

For all Music Degree and Music Performance Scholarship Applicants