ST. AMBROSE UNIVERSITY MUSIC DEPARTMENT
SCHOLARSHIP AUDITION APPLICATION

Directions: This form is to be completed and turned in at least **one week** prior to the date of the audition. **Please print clearly.** Use the back of this form to provide additional information if necessary. Please return form to: Dr. Gene Bechen, Chair, Music Department, St. Ambrose University, 518 West Locust Street, Davenport, IA 52803.

Student's Name:_____

Address:_____
Street City State Zip

Telephone:_____ Email:_____

Parent/Guardian Name(s):_____

Current High School Name and Location:_____

Band/Choir/Orchestra Director's name(s):_____

Instrument(s)/Voice Part:_____

Current GPA:_____ Current ACT Score:_____

Anticipated Major(s)/Minor(s) at SAU:_____

In which other activities do you intend to participate at SAU? (Athletics, Student Organizations, Theater, etc.)

_____

Do you intend to live on campus or off campus while at SAU? (Circle One) On Off

Private lesson background (years of study, instrument(s), instructor(s) names):

_____

_____

List any honors received (i.e., All-State, Contest Ratings, Honor Festivals, etc.):

_____

_____

Piece(s) you plan to perform for your audition:

_____

_____

_____ _____
Student Signature Date

For Office Use Only

*Auditor Name:*_____ *Comments:*

*Date of Audition:*_____

*Recommendation:*_____