



DEPARTMENT OF MUSIC

This form is also available on the Music Department website:

<http://www.erskine.edu/academics/music/>

Please supply the requested information and return it to

Music Department

Erskine College

P. O. Box 338

Due West, SC 29639

Fax: 864-379-2167

Email: parker@erskine.edu

MUSIC SCHOLARSHIP APPLICATION

Name: _____

Telephone: _____

e-mail address: _____

Mailing Address: _____

Audition date:

November 11, 2011

March 2, 2012

March 31, 2012

May 5, 2012

Recorded Audition (materials due May 5th, 2012)

Other date: _____ (date of on-campus visit)

Performing medium(s) of your audition [check all that apply]:

Organ

Piano

Voice

Guitar

Percussion

String (specify instrument _____)

Brass (specify instrument _____)

Woodwind (specify instrument _____)

Will you need Erskine to provide an accompanist for your audition? Yes No

If yes, please send copies of your music at least 2 weeks prior to the audition date.

How many years of study have you completed in the medium(s) of your audition? _____

May we contact your present music teacher about your abilities? Yes No

If yes, please supply your teacher's name and telephone number:

Have you applied for admission at Erskine College? Yes No

Have you been accepted for admission to the college? Yes No

How do you see Music fitting into your college plan? Major Minor Elective