

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: httmms@erskine.edu

Music Scholarship Application

Name:		-
Teleph	none:	-
Email :	address:	_
Mailing	g address:	-
Auditio	on date:	_
	November 4, 2017	
	March 3, 2018 ☐ Recorded audition (materials due by	April 6)
Сс	ontact us (httmms@erskine.edu) if you will be on campus on another date an	nd could audition the
Perfor	ming medium(s) of your audition [check all that apply]:	
	Piano (memorized repertoire preferred)	
	Voice (memorized repertoire preferred)	
	Organ Guitar Percussion	
	String instrument (please specify)	
	Brass instrument (please specify)	
	Woodwind instrument (please specify)	
Will yo	ou 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 n	nany years of study have you completed in the medium(s) of your audition?	
May w	re contact your present music teacher about your abilities? (yes/no)	
If yes,	please supply your teacher's name and telephone number:	
Have y	you applied for admission at Erskine College? (yes/no)	
Have y	you been accepted for admission to the college? (yes/no)	