

New Student Scholarship Form: Fall 2017

Name: _____

Address : _____

Phone: _____ Email: _____

Student ID: _____ Instrument: _____

Area of study (music education music performance, etc.): _____

Projected CSUDH graduation date: _____

Cumulative GPA : _____

Awards/Honors:

Musical experience (include performance groups, solo experience, teaching):

Active participation in the CSUDH Department of Music will be expected of all scholarship recipients.

Return this form before 5pm on **Thursday April 21st, 2017** to:

Dr. Scott Morris
LCH 349 (office)
ssmorris@csudh.edu

For office use only.

Scholarship: _____

Vocal Piano Instrumental Amount: _____

Date offered: _____ Response Date: _____ Accept Reject

