

*Please complete the Music Scholarship form and send to:*

Dr. Shelia J. Maye  
Chair, Department of Music  
Hampton University  
Hampton, Virginia 23668

Name:

SSN:

Permanent Address

City:

State:

Zip Code:

Phone#:

Name of your school:

NO:

Street:

City:

State:

Zip Code:

Directors Name:

Phone#:

Private Teacher:

Phone#:

Your Instrument:

Years Performed:

List Solos Performed: 1.

2.

Number of years in Band, Orchestra, or Choir:

Part played:

List awards that you have received:

List of other activities:

Have you applied to Hampton University:  
Yes No

If no, when will you apply?

Will your audition be  
in Person on Audio or Video tape

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**For Official Use Only**

Date received:  
\_\_\_\_\_

Admission  
status: \_\_\_\_\_

Type of  
audition: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Audition  
scores: \_\_\_\_\_

Accepted: \_\_\_\_\_

Rejected: \_\_\_\_\_

Amount  
awarded: \_\_\_\_\_