

SUPPLEMENTAL APPLICATION/AUDITION FORM

APPLICATION DATE		AUDITION DATE		
Name Mr/Ms/Miss/Mrs		(n. 20. 4.40.)		
(Circle one) (Last)	(First)	(Middle)	(Familiar)	
Date Of Birth	Social Security Number			
E Mail Address		Cell Phone		
Permanent Address(Street and Number)				
Phone (City)		(State) (Zip Code)	(Country)	
Local Address(Street and Number)				
Phone(Area Code & Number) (City)		(State) (Zip Code)	(Country)	
INSTRUMENT OR VOICE PART_				
APPLICANT FOR A DEPARTMEN SCHOLARSHIP? Yes		BASED/ENSEMBLE	PERFORMANCE	
INCOMING FRESHMAN(Check one)	TRA	ANSFER STUDENT		
Check Department of Music Entry S	Semester: Fal	l Spring Su	ımmerYear	
Check Claflin University Entry Sem	ester: Fal	l Spring S	ummerYear	
CHECK ONE OF THE FOLLOWING Bachelor of Arts Concentrations		-Music Degree Optio	ns	
Music Education		Music Minor		
Music				

EDUCATION High School Name, City and State Graduation Year_____ ACT Score _____ SAT Score _____ GPA____ College/University_____City and State _____ Semesters/Years: from______to _____# of Credits Attained_____GPA_____ **MUSICAL STUDY(Private Lessons)** Primary Instrument ______Years of Study _____ Instructor(s) Secondary Instrument(s) ______Years of Study _____ Instructor(s) PERFORMANCE EXPERIENCE Please Check Number Please Check Number of Years of Years Instrumental Vocal Solo Solo Orchestral Choral Chamber Ensemble _____ Small Ensemble _____ Vocal Jazz Ensemble _____ High School Band High School Choir _____ High School Jazz Band FORMAL THEORY TRAINING Institution/Business Dates of Study: from to AUDITION INSTRUMENT OR VOICE PART _____ **AUDITION REPERTOIRE** Student Name Audition Date Instrument Concentration Composer and Title of Composition

Composer and Title of Composition