



**WEST VIRGINIA WESLEYAN COLLEGE
SCHOLARSHIP AUDITION APPLICATION FORM**

GENERAL INFORMATION

NAME: _____

INSTRUMENT: _____

SCHOOL: _____ PHONE NUMBER: _____

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____ INTENDED MUSIC MAJOR: YES NO

REPERTOIRE INFORMATION:

TITLE: _____

COMPOSER/ARRANGER: _____

DURATION: _____

TITLE: _____

COMPOSER/ARRANGER: _____

DURATION: _____

PREFERRED SCHOLARSHIP(S) APPLYING FOR: (You may check more than one)

VOCAL ENSEMBLES

CONCERT BAND

MARCHING BAND

JAZZ ENSEMBLE

*Note: This is a preference. Your scholarship award may be tied to participation in multiple ensembles.

PLEASE LIST ANY MUSIC AWARDS BELOW

**PLEASE RETURN THIS FORM TO DR. BLON WITH YOUR AUDITION VIDEO!
(blon.d@wwvc.edu)**