



McLennan Community College

Music Department
1400 College Drive
Waco, TX 76708
(254) 299-8283
FAX (254) 299-8242

MUSIC SCHOLARSHIP APPLICATION

Name: _____
First Name *Middle Name* *Last Name*

MCC Student ID or Social Security Number: _____ Date of Birth: ____/____/____

Contact Info: _____
Phone *Cell Phone* *E-mail*

Current Address*: _____
Street, Route, or PO Box number *Apartment Number*

City *County* *State* *Zip*

If under 21, specify your Parent/Guardian name(s) and phone number *this address will be used for all future correspondence

Auditioning for: (*check one*) Choir Band Commercial Music ensembles Piano

Primary Instrument/Voice part: _____ Secondary Instrument: _____

High School: _____ Year Graduated: _____ Class Rank: _____

High School GPA: _____ If you have been a college student*, what is your cumulative GPA? _____
(* Scholarships are not awarded to students with a cumulative college GPA of less than 2.5 of 4 or ensemble grades lower than "A.")

Academic and Music Honors/Involvement: _____

Expected College Major: _____ Expected Entry Date: _____
(Fall, Spring) *Year*

If you are presently an MCC student, what is your declared major? _____

By signing below, I certify that all of the above information is true and correct. I understand that no action can be taken on my audition results until at least two Music Scholarship Recommendation Forms have been received by the MCC Music Department and that it is my responsibility to ensure that they have been received. I also understand that recommendations must be submitted on the official MCC Music Scholarship Recommendation Form.

These are the people from whom I have requested recommendations (minimum of two required):

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Student Signature: _____ Date: _____