CORPUS CHRISTI CHORALE

MUEN 1143

(one credit, one semester)

Scholarship Application

Applicant Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone#: _____ Email: _____

Major & minor (if applicable): _____ A#: _____

Year in college (First year, Sophomore, Junior, Senior) _____ Expected graduation date: _____

Voice part(s) you sing: _____

Are you able to attend all rehearsals on Tuesday evenings from 7:30 – 9:30 pm? YES ☐ NO ☐

Please describe your musical background and experience:

_____

_____

_____

Reference

Please list the name and contact information (phone # or email address) of a professional reference that we can contact who is familiar with your musical background:

Name & relationship to you: _____

Contact information: _____