

Delta Omicron International Music Fraternity Summer Music Scholarship Application

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Please type and complete this form in duplicate for EACH scholarship for which you are applying.

Name _____ Date _____

If you have had a recent name change, please indicate other names under which you might be listed in the fraternity records: _____

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Scholarship Applied for _____

Where is scholarship to be used? _____

Chapter (present affiliation) _____ Chapter (into which initiated) _____

National Number _____ Life Membership Number _____

Current Mailing Address and Telephone:

Street _____

City, State, Zipcode _____

Phone _____ Email _____

Summer Mailing Address and Telephone (if different from above):

Street _____

City, State, Zipcode _____

Phone _____ Email _____

Dates **summer address** is effective: From _____ to _____

Major Music Interest:

Voice (state type) _____ Instrument _____

Other _____

Number of Years of Study:

Pre-college _____ College/University _____ Post Graduate _____

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The following section is to be completed by collegiate members only.

List and briefly describe any music scholarships, award, and/or honors you have received: (Use back of form, if necessary)

Give some examples of your performing experience, solo or ensemble. Include extra-curricular activities, such as private teaching, church positions, etc. (Use back of form, if necessary)

The following section is to be completed by alumni only

Please complete the appropriate information about your formal education.

(1) Institution _____ Major _____

Degree _____ Date _____

(2) Institution _____ Major _____

Degree _____ Date _____

(3) Institution _____ Major _____

Degree _____ Date _____

Briefly summarize your professional music activities since undergraduate school. List your current activities first.

Other pertinent information you may wish to add:

This section is to be completed by both collegiates and alumni members

REFERENCES (Collegiates may use two of your teachers in the field of music):

(1) Name _____

Address _____

Telephone (____) _____

(2) Name _____

Address _____

Telephone (____) _____

Please complete the following if you are applying for a scholarship other than Brevard:

Type of Workshop _____ Dates _____

Costs: Tuition _____ Room and Board _____ Travel _____

Travel Mileage _____ Mode of Transportation _____

Applicant Signature _____ **Date** _____

Send completed application in duplicate to:

**Ms. Michelle A. May, Chair
Rotating Grants and Summer Scholarships
1635 West Boston Blvd.
Detroit, MI. 48206**



rev. 4/3/02