

Hinds Community College

Music Scholarship Application

Date _____

Name _____ Phone () _____ Cell () _____

Address _____ Email address _____ Age _____

City _____ State _____ Zipcode _____

Social Security Number _____ ACT Score _____

High School _____ Phone () _____ Graduation date _____

Instrument or voice part _____

Previous private study _____

Present private teacher _____

Previous ensemble experience _____

Years in school ensemble _____ Other ensembles _____

Present ensemble director _____

Music honors or awards _____

Music festival participation _____

If you select the field of Music as a college major, please briefly outline your career goals.

Please return this form to: Hinds Community College
Music Department
P.O. Box 1100
Raymond, MS 39154-1100

If you have any questions, please call (601) 857-3271 during school hours. For Band Scholarship information, please call (601) 857-3273.