

Scholarship Audition Form

Snead State Community College Maze
Music Bldg.
102 Elder Street Boaz,
AL 35957
(256) 840-4145

Audition Dates:

Scholarship Audition Dates have been set for the week of March 1st – 6th this year. Appointments can be made at the mutual convenience of the student and faculty. Please contact the appropriate faculty member well in advance of your intended audition date for scheduling. A completed application form should come with you to the audition or be emailed to the appropriate faculty member in advance. Contact information for each is below:

Voice	Piano	Guitar	Instrumental
Dr. Barbara Hudson bhudson@snead.edu (256) 840-4147	Dr. Steven DiBlasi sdiblasi@snead.edu (256) 840-4145	Mr. Robert Valentine robert.valentine@snead.edu Please use email	Mr. Michael McGee mike.mcgee@snead.edu (256) 840-4148

Please **type** or **print** clearly:

Name: _____

Home Phone: _____ Email: _____

Address: _____
(street and number) *(city, state, zip code)*

High School: _____
(name) *(city, state)*

Graduation Date: _____ Current GPA: _____ SAT/ACT score: _____

Please list all honors, achievements, and relevant activities throughout your academic career:

Have you applied for admission to Snead State Community College? Yes No

Have you been admitted to Snead State? Yes No

I will be enrolling as: New Freshman Transfer Reentering

Will you be commuting to campus? Yes No

If not, will you be living on campus? Yes No In an apartment? Yes No

Other college(s) attended: _____ Dates: _____ to _____

Total Hours Earned: _____ GPA _____

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Intended Major: _____

Principal instrument or voice classification (S, A, T, B): _____

Private Instructor / Director: _____

Please list any other instruments you play _____

Career Plans (if known):

References:

Phone:

By signing below I agree that all information provided on this form is true and correct to the best of my knowledge.

Signature of Applicant

Date Signed