Grambling State University
Grambling, Louisiana

BAND or ORCHESTRA
SERVICE AWARD APPLICATION

SOCIAL SECURITY NUMBER

1. Name of Applicant _________________________________________________________________________________________
   Last                     First                     Middle                     Maiden

2. Permanent Address _______________________________________________________________________________________
   Number, Street             Parish/County             City/State             Zip Code

3. Mailing Address __________________________________________________________________________________________
   Number, Street             Parish/County             City/State             Zip Code

4. Telephone Number ________________________________ Race ______________________________________
   Area Code Number

5. What is your Sex: Male(  ) Female(  )

6. Date of Birth ___________________________________ Place of Birth __________________________________________

7. Veteran:  Yes(  ) No(  )

8. Have you ever enrolled at GSU? Yes(  ) No(  ) If “Yes” enter date of first enrollment ____________________________
   Date of Last enrollment ________________________ Do you plan to live on campus?  Yes(  ) No(  )

9. Name of High School __________________________________________ Location ___________________________________
   Date you were or will be graduated _______________________________

10. List all colleges and universities you have attended including GSU.

   Name of School     Address of School                 Dates Attended     Date of Graduation
   ___________________________   ____________________________   _______________________   _______________________
   ___________________________   ____________________________   _______________________   _______________________
   ___________________________   ____________________________   _______________________   _______________________

11. Are you currently enrolled at a college or university? Yes(  ) No(  ) Where? __________________________________________

12. Account for any years since high school graduation not covered above

   ______________________________________________________________________________________________________

13. Give information below concerning (Circle One)  Parent        Guardian   Spouse

   Name ___________________________________________________    Telephone Number ______________________________
   Address _________________________________________________________________________________________________
   Number, Street Parish/County City/State       Zip Code

14. What will be your classification upon enrolling?    Freshman(  )  Sophomore(  )  Junior(  )  Senior(  )  Special Student(  )  Transfer(  )

FOR OUT OF STATE APPLICANTS

15. Has either of your parents graduated from a Louisiana state-supported institution of high education (college or university)
   Yes(  ) No(  ) If “Yes” please supply the parent’s full name, institution, date of graduation, and a copy of diploma or transcript.

(Continued on back/next page)
16. Check the musical activities in which you participated in high school:
   Choir(  )  Band(  )  Orchestra(  )  Stage Band(  )
   List others: ______________________________________________________________________________________________

17. Name of person who will be responsible for financing your college education:
   Name ________________________________________________ Relationship________________________________________
   Address ____________________________________________ City/State ___________________________         Zip______________________

18. What special recognition have you received for excellence in schoolwork such as honors, prizes, or scholarship?
   __________________________________________________________________________________________________________
   __________________________________________________________________________________________________________

19. What is your grade point average? ______________________

20. Is your health good?  Yes(  )  No(  )  What physical handicaps have you? __________________________________________

21. List below Your Musical Experiences:

   Instrument    Years Experience    Name of School or Private Teacher
   ___________________________   _______________   _____________________________________________________________
   ___________________________   _______________   _____________________________________________________________
   ___________________________   _______________   _____________________________________________________________
   ___________________________   _______________   _____________________________________________________________
   ___________________________   _______________   _____________________________________________________________
   ___________________________   _______________   _____________________________________________________________

   Date __________________________    Signature of Applicant ______________________________________________

   STATEMENT OF ENDORSEMENT- (Band Director, Principal, or Counselor):
   __________________________________________________________________________________________________________
   __________________________________________________________________________________________________________
   __________________________________________________________________________________________________________

   Signature ____________________________________________  Position _____________________________________________
   School ______________________________________________
   Address _____________________________________________
   City __________________ State ___________  Zip ___________

   MAIL APPLICATION TO:

   DIRECTOR OF MARCHING BAND
   P. O. BOX 1166
   GRAMBLING, LA 71245