



Grambling State University Grambling, Louisiana

DO NOT WRITE IN THIS SPACE

Accepted() Rejected()

In State() Out State()

Service Award() Non Award()

Service Award Agreement _____

Instrument _____

ENSEMBLE
(Check only one)

- () Concert/Marching Band
- () Symphony Orchestra
- () Jazz Band
- () Symphonic Band

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 _____
Area Code Number Race _____

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.

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

