

#### **ENSEMBLE** (Check only one)

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

# Grambling State University \_ Grambling, Louisiana

## **BAND or ORCHESTRA** SERVICE AWARD APPLICATION

### SOCIAL SECURITY NUMBER

DO NOT WRITE IN THIS SPACE							
Accepted( )	Rejected()						
In State( )	Out State()						
Service Award( )	Non Award( )						
Service Award Agreement							
Instrument							

1.	Name of Applicant							
	Traine 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		
		·		Fallsh/County		Zip Code		
4.	Telephone Number _	Area Code	Number		Race			
5.	What is your Sex:	Male( )	Female(	1				
	•	. ,	•	•	inth.			
6.	Date of Birth			Place of B	oinn			
7.	Veteran: Yes()	No( )			<b>6 1</b>			
8.	Have you ever enrolle	ed at GSU? Yes()	No( ) If '	"Yes" enter date of	fir <mark>st enro</mark> llment			
	Date of Last enrollme	ent		Do you plan to	valive on campus? Yes( )	No( )		
9.	Name of High School				Location			
	Date you were or will				<u> </u>			
10.	List all colleges and u	iniversities you hav	ve attende	d including GSU.				
	Name of Scho	ol	Addres	ss of School	Dates Attended	Date of Graduation		
		<del></del>		<del></del>				
			7					
11.	Are you currently enro	olled at a college o	<mark>or</mark> universit	y? Yes( ) No( ) Wh	nere?			
12.	12. Account for any years since high school graduation not covered above							
		<del>                                     </del>						
13.	Give information belo	w concerning (Circ	cle One)	Parent	Gua	rdian Spouse		
	Name		•					
	Address				. –			
	Number	r, Street		Parish/County	City/State	Zip Code		
14.	What will be your class	ssification upon en	rolling? F	Freshman( ) Soph	omore( ) Junior( ) Senio	or( ) 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.	8. What special recognition have you received for excellence in schoolwork such as honors, prizes, or scholarship?								
19.	What is your grade point	average?			7				
20.	Is your health good? Ye	s( ) No( )	What physical hand	licaps have you?					
21.	List below Your Musical Experiences:								
	Instrument	Years	Experience	Name of School or Private Te	acher				
	Date		Signature	<mark>of Applicant</mark>					
		STATEMENT OF ENDORSEMENT- (Band Director, Principal, or Counselor):							
	Signature								
	Position								
	School	1		MAIL APPLICATION TO:					
	Address		<b>—</b>		DAND				
	City	State	Zip	DIRECTOR OF MARCHING P. O. BOX 1166 GRAMBLING, LA 71245	RAND				
	8								