



## Music Participation Award Form

### Prospective Students

Please fill out the following information. This form should accompany a live or recorded audition. No award will be recommended to Financial Aid until we have your acknowledgement of the conditions. The Director of Financial Aid makes the determination of your eligibility for an award. This agreement is only valid if the student attends Benedictine College and accepts a music participation award.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Instrument/Voice Type: \_\_\_\_\_ Audition/Recording Date: \_\_\_\_\_

Ensemble area preference if piano, organ or guitar:  band  choir  orchestra

### Award Conditions

- 1) Student commits to grow as a musician while at Benedictine both as an individual and within community by enrolling and participating in an assigned major ensemble and private lessons each semester. Student will be allowed one (1) semester of non-participation due to, but not limited to, the following exemptions:
  - a. A major course (a required course within the major) conflicts with the ensemble.
  - b. Study abroad semester prevents participation in ensemble and lessons.
  - c. Student teaching semester prevents participation in ensemble and lessons.
- 2) More than one semester of non-participation (for any reason) will result in the removal of the award from the students' financial aid package.

### Acknowledgement

By signing this form, I acknowledge receiving the conditions for the participation award. I understand that the Music Department reserves the right to remove an award for failure to comply with terms of this agreement, and will notify the Financial Aid Office of any/all award additions/removals.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
To be filled out by Music Faculty after audition

\_\_\_ I recommend this student for a participation award.

Assigned Ensemble Area: \_\_\_\_\_

Lessons: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
To be filled out by Department Chair

Award amount: \_\_\_\_\_ Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_