Berklee college of music

Africa Scholarships Program
Audition and Interview Application 2009

Application Type (Choose One): ❑ Admission ❑ Fellowship

Please fax your completed application form to (617) 747-8680.

Name: _____
First Middle Last (Family)

Address: _____
Street Town/City

_____
Province Country Zip/Postal Code

Phone: ( ) E-mail: _____

Male Female Date of Birth: _____
Month Day Year

Instrument: _____
Choose ONE from the following list: guitar, acoustic piano, acoustic bass, electric bass, drum set, vibes, marimba, hand percussion, total percussion (all concert percussion), soprano saxophone, alto saxophone, tenor saxophone, baritone saxophone, flute, clarinet, oboe, bassoon, trumpet, trombone, French horn, tuba, baritone horn, voice, violin, viola, cello, banjo, harp, mandolin.

Name of High School:/secondary school: _____
Year of high school graduation

College/university experience? ❑ Yes ❑ No

Name of college/university: _____

Have you every applied to for full-time admission to Berklee? ❑ Yes ❑ No

Please tell us when you wish to enroll at Berklee. May _____ September _____ January _____
Year Year Year

How long have you studied your principal instrument? _____
(Number of years)

Please fax your completed application form to (617) 747-8680, or by mail please send you application to:
Berklee College of Music - African Scholars Program
Office of Scholarships:
1140 Boylston Street, Boston, MA 02215 USA