

Personal Data Sheet for Music Department Audition

Name: _____ Telephone: _____

Address: _____ E-Mail: _____

City: _____ State: _____ ZIP: _____

High School: _____ Graduation Date: _____

Intended Primary Instrument For Collegiate Study: _____

Years of Private Lessons: _____ Years Experience: _____

Intended Degree Program (Circle One)

Music

**Music
Education**

**Music
Religion**

**Music
Business**

**Music and
Performing Arts**

Career Goal _____

Performance Experiences:

	Instrument	Ensemble Experience	Years Experience	Private Study
Instrumental & Orchestral				
Vocal/Choral				
Keyboard				

Music Festivals Participated In: _____

Factors you considered when selecting a music department

1. _____

2. _____

Other colleges/universities you are considering: _____

Where does Grove City College rank in your choice of colleges? _____

GPA: _____ SAT/ACT: _____ Class Rank: _____

Ensemble Information

Bands:

Dr. Arnold
724-458-BAND
eparnold@gcc.edu

Orchestra:

Mr. Tedford
724-458-2084
jmteford@gcc.edu

Choirs:

Dr. Browne
724-458-2088
dabrowne@gcc.edu

I will be performing the following repertoire during my audition:

1. _____
2. _____
3. _____
4. _____

I am unable to attend an on-campus audition. Please accept this DVD recording as my audition for the Grove City College Music Department

Please return to:

Dr. Edwin P. Arnold
100 Campus Drive
Grove City College
Grove City, PA 16127

Music Department Phone:
724-458-2084
FAX Number:
724-458-2164