

**Brailsford College of Arts and Sciences
Department of Music and Theatre
Scholarship Application**

APPLICANT INFORMATION

Scholarship Name Music Departmental Scholarship			
Name		PVAMU ID	Date of Birth
Mailing Address			
City	State	Zip	Phone
E-Mail		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Black/African American <input type="checkbox"/> White (Not Hispanic)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian <input type="checkbox"/> Other _____	
Are you a U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what country are you a citizen?			
Are you a Resident of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what State are you a resident?			

EDUCATION

High School		Current GPA
Organization Membership	Extracurricular Activities	Community Involvement

Have you completed the Free Application for Federal Student Aid (FAFSA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I certify that the information provided on this application is complete and accurate. I understand that providing false, misleading or incomplete information will be the basis for denial or revocation of scholarship funds. I understand that the Office of Student Financial Services reserves the right to modify my award (financial aid/scholarship, etc.) at any time due to changes in my eligibility, enrollment status, housing status, availability of funding; or receipt of any funds not included in my original award.

If necessary, Prairie View A&M University may release my academic information to University Colleges/Departments as well as outside donors. Prairie View A&M University has permission to release this information for review, recruitment and public relations. I further understand that awards depend on the availability of funds and financial need.

Student Signature

Date

Leave Blank Internal Scholarship Office Only		
<input type="checkbox"/> Dependent <input type="checkbox"/> Independent	Cumulative GPA _____	Cumulative HRS _____
Housing Owed _____	Overpayment Received <input type="checkbox"/> Yes No <input type="checkbox"/>	Verified by _____