



Return completed application
With your 2 Scholarship References to:
Bruce MacIntyre, Director
Conservatory of Music - Brooklyn College
2900 Bedford Avenue
Brooklyn, NY 11210 – 2889

SCHOLARSHIP APPLICATION

For: SEMESTER/YEAR _____

Conservatory of Music, Brooklyn College

These are competitive partial-tuition scholarships available only to qualified Music majors who are or who will be matriculated in a program for the Conservatory of Music.

Deadline: **March 15** for **Fall** semester; **December 1** for **Spring** semester.

For each new academic year another application must be submitted.

Name: _____

CUNY Empl ID: _____

Permanent Address: _____

Telephone: _____ E-Mail: _____

Other phone/cell: _____

Degree Program (circle): B.A. B.Mus. Adv. Certif. M.A. MM.

Area of Concentration: _____

Major Teacher(s): _____

Status at Brooklyn College:

___ Continuing student at BC since _____ (first semester/year)

___ New Student

Total accumulated credits: _____ cr. Current G.P.A.: _____

Residence Status: _____ New York State resident
_____ U.S. citizen from another state
_____ International – student visa

Performances or other music – related activities at Brooklyn College within the last academic year:

Conservatory of Music/Brooklyn College Scholarship Application (cont'd)

Performances or other music – related activities outside of Brooklyn College within the last academic year:

Special Honors and Awards in the past three years: _____

What are your career goals: _____

Current source(s) of financial support: _____

Pending Applications for support: _____

Please list the contact information of two current or recent music teachers whom we can contact as references.

	<u>Name</u>	<u>Telephone</u>	<u>E-mail</u>
1.	_____	_____	_____
2.	_____	_____	_____

Applicant's Signature: _____

Date: _____

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Bruce MacIntyre, Director (brucem@brooklyn.cuny.edu)
Conservatory of Music - Brooklyn College
2900 Bedford Avenue
Brooklyn, NY 11210 – 2889
Tel. 718 951 - 5286



Scholarship Reference

Dear Referrer:

_____ has applied for a Conservatory Scholarship at Brooklyn College. Your response to the questions below will assist us in the evaluation process. Please fill out and give this form to the student, who will return it to the Conservatory. Thank you for your help.

*Scholarship Committee
Conservatory of Music
Bruce MacIntyre, Director
Tel. 718 951-5286 – brucem@brooklyn.cuny.edu*

1) In what capacity do you know this student?

Above Average Average Below Average

3) What is your understanding of the student’s financial need?

Great Moderate None Do Not Know

4) Additional comments that will help the committee in its decision?

Signature: _____ Date: _____

Referrer’s Name: _____ Position: _____

Address: _____

Telephone: _____ E-Mail: _____