



Department of Music
AURELIA B. WALFORD MUSIC SCHOLARSHIP
For Students Majoring in Music

APPLICATION FORM

Applicant's Name _____
Street Address _____
City, State, Zip Code _____
Telephone _____ Social Security Number _____
Instrument/Voice _____
Email _____

___ I have accepted my offer
of admission to University of Mary
Washington.

Do Not Write in This Space

___ I have made application
for admission to University of Mary Washington
and am waiting to hear of
my acceptance.

I have read and understand the
Terms of the scholarship as
Presented on the Questions and
Answers page of this prospectus
And willingly apply under those
Rules.

Applicant's Signature

Please complete this page of the application form and the page on the reverse side with
the requested information. When the form is completed, return it to:

University of Mary Washington
Department of Music
Walford Music Scholarship
1301 College Avenue
Fredericksburg, Virginia 22401-5300

Submitted materials will not be returned

Name of High School _____
Street Address _____
City, State, _____
Zip Code _____
Telephone _____

Name of Private Teacher _____
Street Address _____
City, State, Zip Code _____
Telephone _____

Name of High School Guidance Counselor _____
Office Telephone _____

Please provide in the space below a brief outline of your performance experience. Include the number of years you have performed, in what high school and/or community organizations, your solo experience, how many years of private instruction, etc.