

Stars of Tomorrow

2018 VOCAL SCHOLARSHIP APPLICATION

Student Name: _____
Date of Birth: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Email: _____

Parent Name: _____
Home Phone: _____ Cell: _____
Parent Email: _____

School: _____ Grade: _____
School District: _____
Choral Teacher: _____ Email: _____
Theater Teacher: _____ Email: _____

Have you had any vocal Training? Yes: No:
Voice Teacher: _____ Email: _____

Music Category: Musical Theater: Classical:
Audition Song: _____
Composer: _____

CHECK ONE BELOW:

Preferred Audition Time: 9am-12noon: 12pm-3pm: Either:

OR

I will submit my audition video by January 24th, 2018:

NOTE: Please complete and save this application. Attach to an email and send to sotapplication@gmail.com (Keep a copy for yourself.) To send email, right click to "Open Hyperlink" and an email will automatically be created in Outlook.

**All video auditions must be submitted no later than January 24 at 11:59 pm.
Videos received later will not be considered.**