

# Stars of Tomorrow

## 2019 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:

Audition Time: 9am-12noon

OR

I will submit my audition video by January 23rd, 2019:

NOTE: Please complete and save this application. Attach to an email and send to [sotapplication@gmail.com](mailto: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 23<sup>rd</sup> at 11:59 pm.  
Videos received later will not be considered.**