

# 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:

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

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, 2019 at 11:59 pm. Videos received later will not be considered.**