



Young Artists' Scholarship Competition Application Form

Name _____ Phone number _____

Street Address _____

City _____ State _____ Zip _____

School _____ Grade _____

Age _____ Birthdate _____

Email address _____

Name of private teacher _____

Phone: _____ email: _____

Name of school music teacher (optional): _____

Phone: _____ email: _____

Selected audition piece:

Title _____ Movement _____

Composer _____

List musical accomplishments and honors (attach separate sheet if needed):

Signature of current music teacher _____ Date _____

Student signature _____ Date _____

I understand that each student will be evaluated fairly, and I agree to abide by the decisions of the judges.
Students chosen as semi-finalists or finalists must be available to appear on the contest dates listed above.

Parent signature _____ Date _____