WOODBRIDGE
FLUTE CHOIR

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_____