

Mount Saint Joseph Academy

VOICE SCHOLARSHIP AUDITION APPLICATION

2020

Applicant's Name _____

Name of Parents/Guardians _____

Address _____

Preferred Phone _____

Applicant Email _____

Mother Email _____

Father Email _____

School Presently Attending _____

PLEASE LIST VOICE TEACHERS OR CHORAL CONDUCTORS WITH WHOM YOU
HAVE STUDIED:

PLEASE LIST YOUR MUSICAL PERFORMANCE EXPERIENCES (SHOWS, RECITALS,
COMPETITIONS):

DO YOU HAVE ANY OTHER INTERESTS YOU WISH TO MENTION?

Number of years you have studied with your current teacher: _____

Number of years in private study: _____