VOICES OF THE FUTURE Application Form

Applicant Name:				
Applicant Name: FIRST		LAST		
Name of Parent(s) or Guardian:	FIRST	LAST		
Address:				
Address:STREET – APART	IMENT #			
CITY	STA	TE ZIP CODE		
Phone:				
Email:				
Current Grade:				
School Name and City:				
Choir Director from School or Churc	:h:			
Chair Director E mail address				
Choir Director E-mail address.				
Name of Voice Teacher:				
	IF APPLICA	BLE		
Voice Teacher E-mail address:				
Other instruments studied::				
instrument	number of years	1		
	number of years	-		
		-		
		-		
Please list all choirs that you have performed with including years of performance:				
choir	years of participation]		

years of participation

If you have participated in auditioned PMEA/MENC Choir Festivals, list the years here:

County	
District	
Regional	
State	

Voice competitions you participated in (NATS etc....):

competition	grade or ranking

Please list any voice or choral workshops you have taken:

program	years

Please list any other relevant music experiences or study:

Please list the two contrasting songs or arias you have recorded with this application (at least one of the two selections must be a classical art song or aria; the second selection can also be a musical theater song). Include the links to these recordings in the email you send with this application

1. Composer:	Title:
2. Composer:	Title: