

Performing Arts Scholarship Foundation
P.O. Box 5575, Santa Barbara, CA 93150-5575
Application for Audition

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**FOR PASF ONLY:** Date Received: \_\_\_\_\_ Postmarked: \_\_\_\_\_  
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Please print or type the following information:

NAME: _____ **AGE:** _____

*(Please enclose a photocopy of valid driver's license or student ID that includes date of birth and photo of applicant. **NOTE: Age limit is 32**)*

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____ **ALT. PHONE:** _____

Please check one: _____ INSTRUMENT _____ VOICE

Name of instrument: _____ Voice type: _____

Current Instructor: _____

Instructor's phone number: _____

Name of school, if applicable: _____

Years of instrumental or vocal training: _____

Performance experience, if applicable: *(Please check if you are submitting resumé ___)*