

Performing Arts Scholarship Foundation

P.O. Box 5575, Santa Barbara, CA 93150-5575 (805) 898-0941

Application for Audition

FOR PASF ONLY: Date Received: _____ Postmarked: _____

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 30))

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 resume ___)

(Please use additional pages, if necessary.)