

**SOUTHEASTERN LOUISIANA UNIVERSITY  
VOICE  
AUDITION/SCHOLARSHIP APPLICATION  
UNDERGRADUATE**

NAME \_\_\_\_\_ VOICE (CIRCLE ONE) SOPRANO, ALTO, TENOR, BASS

PARENT OR GUARDIAN'S NAME \_\_\_\_\_

ACT OR SAT \_\_\_\_\_ GPA \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SS# \_\_\_\_\_ INTENDED MAJOR \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ PRIVATE INSTRUCTOR \_\_\_\_\_

ENSEMBLE DIRECTOR \_\_\_\_\_ PHONE OR EMAIL \_\_\_\_\_

LIST THREE PERSONAL REFERENCES (YOU MAY ATTACH OR SEND LETTERS OF RECOMMENDATION)

NAME	TITLE	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUDITION DATE PREFERENCE (RANK NUMERICALLY IN ORDER OF PREFERENCE)

\_\_\_\_ JANUARY 27, 2012 \_\_\_\_ FEBRUARY 24, 2012 \_\_\_\_ MARCH 30, 2012 \_\_\_\_ APRIL 20, 2012

CALL (985) 549-2334 FOR AN ALTERNATE AUDITION DATE IF NEEDED

PLEASE RETURN THIS FORM TO:

ALISSA MERCURIO ROWE, COORDINATOR OF VOCAL AREA

SLU Box 10815 HAMMOND, LA. 70402

[AROWE@SELU.EDU](mailto:AROWE@SELU.EDU) (985) 549-2334

FOR OFFICE USE ONLY:

APPLICATION

RECEIVED \_\_\_\_\_

AUDITION DATE

ASSIGNED \_\_\_\_\_ TIME \_\_\_\_\_

AUDITIONED BY:

RECOMMENDED FOR SCHOLARSHIP AWARD \_\_\_\_ Yes \_\_\_\_ No

SCHOLARSHIP AMOUNT \$ \_\_\_\_\_

APPROVED \_\_\_\_\_

ACCEPTED \_\_\_\_\_ DECLINED \_\_\_\_\_ DATE \_\_\_\_\_