

**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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUDITION DATE PREFERENCE (RANK NUMERICALLY IN ORDER OF PREFERENCE)

_____ JANUARY 29, 2010 _____ FEBRUARY 26, 2010 _____ MARCH 26, 2010 _____
APRIL 23, 2009

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 (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** _____