

**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)

\_\_\_\_ FEBRUARY 29, 2008 \_\_\_\_ MARCH 14, 2008 \_\_\_\_ APRIL 4, 2008 \_\_\_\_ MAY 2, 2008

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:

AUDITION DATE ASSIGNED \_\_\_\_\_ APPLICATION RECEIVED \_\_\_\_\_ TIME \_\_\_\_\_

AUDITIONED BY:

RECOMMENDED FOR SCHOLARSHIP AWARD \_\_\_\_ YES \_\_\_\_ NO

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

APPROVED \_\_\_\_\_

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