



Southeastern Community Music School
Scholarship Audition Registration Form

Student's Name:

Parent/Guardian Name:

Address:

Telephone numbers (include cell):

Email: _____

Student's Age (as of July 7): _____ Grade Just Completed: ____

School Attended Last Year: _____

Type of scholarship applying for: ____Talent ____Low Income

I certify that the above information is correct, and I agree to allow my child to participate in the audition.

Parent's or Guardian's Name:

Please include your payment of \$5 with this registration form.

The application deadline is Friday, July 15, 2011.

Make checks payable to: Community Music School

Mail to: Community Music School, SLU 10817, Hammond, LA 70402