

SANTA BARBARA MUSIC CLUB

www.sbmusicclub.org

2011 SCHOLARSHIP APPLICATION FORM

**IMPORTANT: PLEASE SEE 2011 SCHOLARSHIP GUIDELINES
FOR APPLICATION INSTRUCTIONS**

APPLICATIONS MUST BE POSTMARKED BY MARCH 12, 2011

MAIL TO

Chair, Scholarship Committee
Santa Barbara Music Club, P.O. Box 3974
Santa Barbara, CA 93130

PLEASE TYPE OR PRINT CLEARLY! Attach additional paper as needed

Name _____
First Middle Last

Permanent Address _____
Street City Zip

E-mail Address _____ Tel _____ Date of Birth _____

Local Address _____
(If away at school) Street City Zip

Schools attended in Santa Barbara County (include home schooling)

Instrument/Voice _____

Audition Repertoire: Applicants are responsible for securing their own audition accompanists. If you have previously auditioned for the SBMC, new repertoire must be presented each year.

1) _____
Composer Title of work

(2) _____
Composer Title of work

Musical Education: In chronological order, list schools and private instruction, with teachers' names

Career Goals _____

Name of Current Teacher _____ Tel _____

Address _____ E-mail Address _____

Honors and Awards: List dates and amounts _____

Application Package Should Include: (1) Application form, signed and dated; (2) Two current letters of recommendation, one of which must be from the student's current teacher. Recommendations must be in sealed envelopes, with recommender's signature across envelope seal, and must be included with the application package. Email recommendations will not be accepted, and incomplete applications will not be considered.

Name Telephone

Name Telephone

Purpose for which scholarship is requested _____

Total cost _____

Statement of need: Please supply information about your financial resources

(1) Applicant's income _____

(2) Student loans _____

(3) Financial support from parent or guardian _____

Other current applications: List to whom, and amount requested _____

Remarks: Any further information you wish to offer in support of your request for funds

Please check audition time preference: AM _____ PM _____ NO PREFERENCE _____
(Every effort will be made to accommodate your preference, but this may not always be possible)

Signature of applicant _____ **Date** _____
(If minor, Parent/Guardian)