



Music Scholarship Application:

Name Of Student: _____

Year Level in 2019: _____ Citizenship: _____

Gender: _____ Date Of Birth: _____

Address: _____

Phone – Daytime: _____ Phone – Evening: _____

Mobile: _____ Email: _____

Parent Names:

Mother: _____ Father: _____

Address: _____ Address: _____

Present School: _____

Please indicate audition performance (one option)

- | | | |
|--------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Voice | <input type="checkbox"/> String | <input type="checkbox"/> Woodwind |
| <input type="checkbox"/> Brass | <input type="checkbox"/> Piano | <input type="checkbox"/> Percussion |

Permission:

I, _____, give permission for _____
to sit for the 2019 All Souls St Gabriels School Music Scholarship Examination. I understand that completion of this
form does not constitute an **Application for Enrolment**.

Signature: _____ Date: _____

**Please note: Each entrant should have their backing music (if required) with either a live performer,
on CD or USB.**

**Applications close Friday, 09March, 2018. Scholarship Auditions will be held on Saturday 17 March,
2018.**