

APPLICATION FORM
Marilyn Van Sickle Vocal Competition
Competition Date- 2/24/2024

Name: Enter First, Last

Address: Full address include apt. number

City, State:

Zip Code:

County:

Phone: Include area code

Your Email:

Name of Private Teacher or other Music Teacher:

Teacher's Email Address:

Teacher's Phone #

I verify that I have informed my teacher listed above that I am entering this event. Enter your Name to verify-

Parent's Names:

Your Date of Birth: Enter as mo/day/year- xx/xx/xxxx

Your Age as of the Competition Date:

Grade in School: (HS Senior, College Freshman, Sophomore, Junior or Senior)

Name of School:

Accompanist Name and Email:

WORKS YOU WILL PERFORM- One must be in English, the other in another language.

Classical Selection

Name of Work and Composer:

Other Contrasting Selection / Style

Name of Work and Composer

PLEASE RETURN THIS APPLICATION VIA EMAIL TO
Scholarships-2024@outlook.com **Application must be typed and be received by**
02/05/2024.

Carefully read the flyer that provides all information and requirements before filling out/submitting the application form.