

**EMERGING YOUNG ARTIST SCHOLARSHIP AWARD
HONORING DIANA ROSS**

AUDITION FORM

Student Name _____ Age ____ Grade ____

School _____

Home Address _____ City _____ ST ____ Zip _____

Email _____ Phone _____

Years of Vocal Training _____

Attach resume with all experience, including school ensembles, performances, music camps, private lessons.

Please include a statement explaining why you chose the songs on the CD.

Mail all materials with your CD to:

Jenny Lake, The Palace Theatre 61 Atlantic Street, Stamford, CT 06901

Deadline to receive all materials is: February 27, 2012.

Parental Permission:

I, _____ (Parent/Guardian) give permission to my child to
audition for the Annual Scholarship Award sponsored by Stamford Center for the Arts.

The Palace

Stamford Center for the Arts
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