

STEPHEN COLLINS FOSTER VOCAL CAMP
SCHOLARSHIP APPLICATION

Name _____ Age _____ Grade _____ Current Date _____

Address _____
street city state zip

Phone () _____ Voice Part _____

School _____

Private Teacher Name and Address _____

List repertoire (choral and/or solo) which you have performed. Please include composers' names, if possible.

Special Honors in Performance: Indicate highest position held in special groups such as All-State, All-City youth choirs. List each membership.

DO NOT WRITE IN THIS SPACE - FOR USE BY FOSTER CAMP STAFF

Audition Date _____ Audition Heard By _____

Recommended for Scholarship Assistance? _____ Amount Recommended _____

Final Action _____ Vocal Camp Director _____

All applications should be mailed to:

Foster Vocal Camp
Department of Music
Eastern Kentucky University
521 Lancaster Ave.
Richmond, KY 40475-3102
(606) 622-1336