

Chapter Applicant Number



National Applicant Number

APPLICATION FOR THE SHIRLEY RABB WINSTON SCHOLARSHIP IN VOICE

Sponsored by The National Society of Arts and Letters

Name _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State & Zip)

Date of birth _____ Sex _____ Telephone _____

E-mail _____ Social Security Number _____

U.S. Citizen _____ If naturalized, date of citizenship _____
(yes) (no)

Parent or Guardian _____

Address _____
(Street) (City) (State & Zip)

Telephone _____ E-mail _____

1. Educational Background:

List all schools attended (High School and beyond) Years Attended Degree(s) Earned

Other relevant training _____

2. Are you receiving instruction in voice other than at your academic school or college? ___no ___yes

a) Name of instructor _____ Location _____

Address _____
(Street) (City) (State & Zip)

Telephone _____ E-mail _____

b) Dates of study _____ Length of study _____

3. If you are in high school, what course of study would you like to follow after high school?
(You may indicate more than one choice or answer undecided.)

4. If you are attending college, what is your major? your minor?

5. List awards and honors received in voice performance:

Name of Award/s

Year/s received

6. State your career plans for the future and prove your serious commitment to your art:

7. a) State the specific training you would pursue with scholarship funds (summer workshop, music program, etc.).

b) Where or with whom is this training available? Please be specific.

c) What is the cost of this training?

(The following expenses will NOT be covered by the Winston Scholarship Fund: college tuition, housing or travel.)

REPERTORY:

Selection #1

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REQUIRED SIGNATURE OF APPLICANT

I certify that I have read the Scholarship requirements, and that the information submitted by me is true and correct.

Name

Signature

Date

DVDs, prints, application, and proof of age due at the NSAL Chapter on **February 1, 2010**.