

2024 SHINING STARS SCHOLARSHIP AUDITION APPLICATION

PLEASE PRINT

Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____
Parent/Guardian _____
Parent/Guardian Email _____
Parent/Guardian Phone _____
Instrument _____ Years studied _____
Private Teacher Name (if any) _____
School _____ Current Grade _____
Title of Musical Competition _____
Composer _____ Accompanist _____

Competing for (check one):

- Middle School Award** (grades 6-8)
- High School Award** (grades 9-12)
- Bryant Award** (must be high school senior with declared Music major)

List musical activities in which you have participated. (example: band, pep band, WSMA Festival, pit orchestra)

List any other musical instruments you have studied _____

Applicant's Signature _____

Parent/Guardian Signature _____

School Band or Orchestra Teacher's Signature _____

Print Teacher Name _____

In case of no school instrumental program, Principal's Signature: _____

Print Principal Name _____

Please return this Application and \$15.00 Entry Fee payable to the **Wisconsin Philharmonic** by
March 5, 2024 to:

Wisconsin Philharmonic
Shining Stars
P.O. Box 531
Waukesha, WI 53187-0531