



Chabot College Music Department

Music Audition/Scholarship Application

Applicant's Name: _____

Street _____ City _____ State _____ Zip _____

Phone (_____) _____ - _____ Email address _____

Current High School _____ Social Security Number _____ - _____ - _____

Current Year in School _____ Name of Teacher(s) _____

Instrument and/or Voice Classification _____

Have you studied privately? Yes ___ No ___ Name of Private Instructor _____

Career Goals _____

Special Performance Experience _____

Honors and Awards _____

Ensemble Experiences

___ Orchestra ___ Band ___ Choir ___ Jazz Ensemble ___ Other

Secondary Experiences

Do you sing or play a secondary instrument? Yes ___ No ___

If yes, what is your secondary area? _____

Have you applied to Chabot College? Yes ___ No ___ Current Grade Point Average _____

Audition

I will be auditioning in person. I would like the following date: _____

I will need a staff accompanist Yes ___ No ___

I will be auditioning by tape (Mail all materials to Chabot College Music Department)

Recommendations:

Name _____

Name _____

Position _____

Position _____

Phone _____

Phone _____

Email _____

Email _____