

## **TALENT & MERIT SCHOLARSHIP AUDITION REQUEST FORM**

NAME:	AME:			DATE OF BIRTH:		
PARENT / GUARDIAN N	NAME:					
SCHOOL:			CURRENT GRADE:			
MAILING ADDRESS:						
CITY:			STATE	:	ZIP:	
EMAIL:			PHONE	NUMBER: _		
INSTRUMENT:						
Requested audition ti	me on Sunday	y, May 21* (pl	ease select	2 times that	work for you):	
2PM 2:15PM	_2:30PM	2:45PM	3PM	_3:15PM	3:30PM	
3:45PM 4PM	4:15PM	4:30PM	4:45PM	5PM		
Student cannot atto	end on May 2	1 and must ma	ake arrange	ments for Th	ursday, May 18.	
*A BMS staff member	will contact v	ou to set-up a	n audition ti	ime Though	we will do our best to	

\*A BMS staff member will contact you to set-up an audition time. Though we will do our best to accommodate your request, no time slot is guaranteed.

Please attach a **PERSONAL STATEMENT** outlining your training and performance background as well as a **LETTER OF RECOMMENDATION** from someone familiar with your work as a musician.