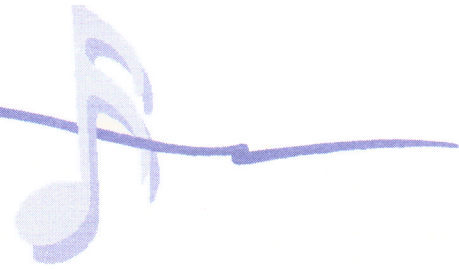




Arleen Auger Memorial Fund, Inc.



~ SCHOLARSHIP APPLICATION FORM ~

All applications must be accompanied by proof of age, documentation of financial need, a sample audio recording (approx. 15 minutes in length), 3 letters of recommendation, and a NON-REFUNDABLE processing fee of \$25

PLEASE MAKE CHECK PAYABLE TO: THE ARLEEN AUGER MEMORIAL FUND

SEND APPLICATION FORM AND ALL MATERIALS TO:
THE ARLEEN AUGER MEMORIAL FUND
14 TOWNSEND AVENUE
HARTSDALE, NY 10530

= THERE IS NO DEADLINE =

INQUIRIES MAY BE E-MAILED TO US AT: aaugerfund@aol.com NO CALLS PLEASE

NAME: _____

DATE OF BIRTH: ____ / ____ / ____

SS#: _____ - _____ - _____

TEL#: _____

E-mail: _____

LEGAL RESIDENCE:

MAILING ADDRESS (if different):

NAME OF VOICE TEACHER: _____

TEACHER'S ADDRESS:

TEACHER'S TEL#: _____

TEACHER'S E-mail: _____

NAME OF SCHOOL APPLICANT CURRENTLY ATTENDS: _____

SCHOOL ADDRESS:

SCHOOL TEL#: _____

SCHOOL E-mail: _____

NAMES & CONTACT NUMBERS OF THOSE SENDING LETTERS OF RECOMMENDATION:

- 1) _____
2) _____
3) _____

= FOR OFFICE USE ONLY =

checkbox proof of age, checkbox documentation of financial need, checkbox sample audio recording, checkbox processing fee, checkbox letters of recommendation, INTERVIEW: checkbox no checkbox yes, AUDITION: checkbox no checkbox yes location: _____, date: _____