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

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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) _____

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= FOR OFFICE USE ONLY =

☐ **proof of age** ☐ **documentation of financial need** ☐ **sample audio recording**

☐ **processing fee** ☐ **letters of recommendation** **Interview:** ☐ **no** ☐ **yes**

Audition: ☐ **no** ☐ **yes** **location:** _____ **date:** _____

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