

Chapter Applicant Number

\_\_\_\_\_



National Applicant Number

\_\_\_\_\_

## APPLICATION FOR THE SHIRLEY RABB WINSTON VOICE SCHOLARSHIP

Sponsored by the National Society of Arts and Letters

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street) (City) (State & Zip)

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ If naturalized, date of citizenship \_\_\_\_\_  
(yes) (no)

Parent or Guardian: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State & Zip)

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### 1. Educational Background

List all schools attended (High School and beyond) Years Attended Degree(s) Earned

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other relevant training \_\_\_\_\_

2. Are you receiving instruction in voice other than at your academic school or college?  No  Yes

a) Name of Instructor \_\_\_\_\_ Location \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State & Zip)

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

b) Dates of study \_\_\_\_\_ Length of study \_\_\_\_\_

3. If you are in high school, what course of study would you like to follow after high school?  
(You may indicate more than one if undecided.)

\_\_\_\_\_  
\_\_\_\_\_

4. If you are attending college, what is your major? minor?

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5. List awards and honors received in voice performance:

| Name of Award/s | Year received |
|-----------------|---------------|
| <hr/>           | <hr/>         |
| <hr/>           | <hr/>         |

6. State your career plans and demonstrate your serious commitment to your art.

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7. a) State the specific training you would pursue with scholarship funds (summer workshops, music programs, etc.).  
b) Where or with whom is this training available? Please be specific.  
c) What is the cost of this training?

(NOT covered by the Winston Scholarship Fund: college tuition, housing, travel or personal expenses)

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REPERTOIRE (from Art Song, Opera and Oratorio only):

Selection #1 

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Selection #2 

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Selection #3 

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REQUIRED SIGNATURE OF APPLICANT

I certify that I have read the Scholarship requirements and that the information submitted by me is true and correct.

Name 

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 Signature 

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 Date 

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**Mail or Email your completed application, the link to your uploaded YouTube video and a copy of your birth certificate to an NSAL Chapter by Feb. 1, 2017. (See Chapter Contacts)**