



BUDD MEMORIAL SCHOLARSHIP

APPLICATION FOR AUDITION

NAME _____
ADDRESS _____
EMAIL _____ PHONE _____
DATE OF BIRTH _____ SCHOOL _____
VOCAL or INSTRUMENTAL (Identify Instrument) _____
MEMORIZED PIECE(S) TO BE PERFORMED _____
COMPOSER(S) _____
*NAME OF ACCOMPANIST _____
*RECORDED ACCOMPANIMENT IS NOT ALLOWED

Name and address of current teacher:

NAME _____
ADDRESS _____
EMAIL _____ PHONE _____

Application Check List due by **March 13, 2026:**

- (1) Application form and audio recording of performance emailed to:
williamsportmusicclub@gmail.com
- (2) \$10.00 non-refundable application fee payable to: **Williamsport Music Club** and mailed to: *Leatha Kieser – 22 North Montour Street – Montoursville, PA 17754* with applicant's name on the memo line
- (3) Be prepared to bring 3 copies of your music to the audition. **Music must be memorized.**
- (4) Please be aware that the same music should be used for the application, audition and GALA performance.
- (5) **GALA performance must be from memory.**

(Signature) _____
APPLICANT

(Signature) _____
PARENT OR LEGAL GUARDIAN

(Signature) _____
CURRENT TEACHER