##### BURSARY SCHEME APPLICATION FORM

###### Please complete this form and send it to the Membership Secretary, membership@salisburymusicalsociety.org.uk

Name ………………………………………………………………………………………………………………………….

Address ………………………………………………………………………………………………………………………

………………………………………………………………………………………. Post Code …………………..……..

Telephone Number ………………………………………………………………………………………………………

E-mail Address ……………………………………………………………………………………………………………..

School or College : if currently attending one …………………………………………..………………….

Date of Birth ………………………………………………….. Voice ………………………………………………..

Instrument or instruments played and any Grades achieved ……………………………………..

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Singing experience ……………………………………………………………………………………………………..

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A short biography about yourself ………………………………………………………………………………

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**For your voice test you will need to bring a prepared song or aria of your choice.**

**You may bring your own accompanist, but there will be one available in any case.**

**You will be given simple sight-reading and aural tests and required to sing some scales.**