

# Beverly Soule Memorial Scholarship Application

## OMTA Eugene District

Applicant's Name: \_\_\_\_\_ Year in school: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Length of study with this teacher: \_\_\_\_\_

**Repertoire must represent 3 of the 5 style periods. Total time not to exceed 20 minutes.**

<b>Title</b>	<b>Composer/Period</b>	<b>Length</b>
1.		
2.		
3.		

**Include check for entry fee of \$15.00 made out to "Eugene OMTA."**

**Send the completed application and entry fee to the recital chair.**

### **Beverly Soule Memorial Scholarship**

**Auditions** will be held in May.  
Applicants will be notified of time and place.