



**LCCS  
APPLICATION**

for the



**2016 H. T. LORICK, Jr.  
VOCAL SCHOLARSHIP**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Have you studied voice privately? \_\_\_\_\_ For how long? \_\_\_\_\_

Write a brief description of your goals and aspirations as a singer.

Audition Repertoire – List the title and composer of 2 contrasting selections below.

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All applicants **MUST** provide their own accompanist.

Please submit one (1) letter of recommendation and a \$5.00 audition fee (fee will be returned at the conclusion of the audition) along with this completed application to the following address:

**H. T. Lorick Vocal Scholarship Auditions**

**Lexington County Choral Society**

**PO Box 1179**

**Lexington, SC 29071-1179**

**APPLICATION DEADLINE**      **October 17, 2016**

**AUDITION DATE**                **October 24, 2016**

**TIME**                                 **6:00-8:00 pm**

**LOCATION**                            **Saxe-Gotha Presbyterian Church**

**5503 Sunset Boulevard**

**Lexington, SC**

**QUESTIONS**                      **Hal or Linda McIntosh @ 803-348-7445**