



**LCCS
APPLICATION**



for the

**2017-18 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.

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 **March 12, 2018**

AUDITION DATE **March 19, 2018**

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

LOCATION **Saxe-Gotha Presbyterian Church**

5503 Sunset Boulevard

Lexington, SC

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