

Performing Arts Scholarship Foundation
P.O. Box 5575, Santa Barbara, CA 93150-5575

FOR PASF ONLY: Date Received: _____ Postmarked: _____

Please print or type the following information:

NAME: _____ **AGE:** _____

(Please enclose a photocopy of valid driver's license or student ID that includes date of birth and photo of applicant. NOTE: Age limit is 30)

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____ **ALTERNATE PHONE:** _____

Please check one: Instrument _____ Voice _____

Name of Instrument: _____ **Voice Type:** _____

Current Instructor: _____

Instructor's Phone Number: _____

Name of School, if applicable: _____

Years of Instrumental or Vocal Training: _____

Performance experience, if applicable: (Please check if you are submitting resume ___)