Youth Choral Scholarships
Ysgoloriaethau Corawl
Application form

Name:				
Address:				
Date of birth:		**Age at application:**		
Email:				
Mobile no:				
Landline no:				
School / college / university / work place:				
Preferred voice part: (Please circle your choice.)	**Soprano** 1st 2nd	**Alto** 1st 2nd	**Tenor** 1st 2nd	**Bass** 1st 2nd
Singing experience:				
Name and contact details of singing or music teacher, if you have one:				
Where/ how did you hear about the Youth Choral Scholarship Scheme? (Please circle.)	Newspaper Place of education Word of mouth	Magazine Poster on notice board Concert	Radio Choir website Other_____	

Return this form, along with a letter of recommendation from your singing/ music teacher (if you have one) to:
secretary@dyfedchoir.co.uk
Côr Dyfed Choir: Charity Number 517205