



# Student Choral Program Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ U.S. Citizenship Status \_\_\_\_\_

Email \_\_\_\_\_

Currently Attending \_\_\_\_\_

Address \_\_\_\_\_

Status (*freshman, sophomore, junior, senior*) \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Current Grade Point Average or Academic Average \_\_\_\_\_

Why you wish to be considered for the OSQ Student Choral Program? \_\_\_\_\_

\_\_\_\_\_

Past Musical Experience (*choir or choral singing, solo work, instruments played, bands or orchestra experience*)

\_\_\_\_\_

Future Musical Plans \_\_\_\_\_

\_\_\_\_\_

Please save on your computer and  
mail to:

Or email to:

Oratorio Society of Queens  
50 Ascan Avenue, Room 105  
Forest Hills, NY 11375

[patty@queensoratorio.org](mailto:patty@queensoratorio.org)