

THE ARTHUR POISTER SCHOLARSHIP COMPETITION IN ORGAN PLAYING

Application (please type or print)

Name: _____ Birthdate: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

List of Organ Instructors: (Please list in chronological order from beginning of study to present, including dates.)

Degree(s) attained/in progress: (include dates and institution)

Present position: _____

Previous position(s): _____

Compositions on recording: (30 minutes maximum)

1. J. S. Bach _____ BWV _____

Edition: _____

2. Romantic: _____

Edition: _____

3. 20th-21st Century: _____

Edition: _____

I have read the rules of this competition and I agree to abide by them and the judges' decision. I also understand my proposed contest pieces and recital program are subject to approval by the Poister Competition Committee.

Date: _____ Signature: _____