

PETTMAN/ROSL ARTS CHAMBER ENSEMBLE MUSIC SCHOLARSHIP 2007 APPLICATION FORM

Please type or use block capitals throughout

Name of Ensemble _____

Instrumentation _____

Ensemble Members	Age
_____	_____
_____	_____
_____	_____
_____	_____

Contact Address _____

Email address _____

Tel Number _____

Fax Number _____

PROGRAMME STAGE 1 (max. 15 mins)

Work	Composer	Duration

PROGRAMME STAGE 11 (max. 30 mins)

Work	Composer	Duration

REFEREES (Referees support the application of the candidates)

Name _____

Name _____

Prof
Status _____

Prof
Status _____

Address _____

Address _____

Signature _____

Signature _____

Please return the completed application form together with individual curriculum vitae and a brief career development plan (maximum one side A4) plus ensemble biography to Lyn Milne, Director ROSL NZ, PO Box 10, Diamond Harbour, Canterbury 8030

DEADLINE FOR APPLICATIONS 31 OCTOBER 2007