

Audition # _____

St. Olaf College Dance Department



2010/2011 First Year Student Scholarship Audition Form

Name _____

Audition # _____ (to be given at audition) ID# _____

Local address _____ E-mail _____

Campus Phone: _____ Cell Phone: _____ Home Phone: _____

Major(s) if known _____

Are you a dance major? Yes _____ No _____

Dance class/classes currently registered for _____

Prior Dance Experience (both classes and performance) _____

As a Member of the Dance Department and College:

○ How do you plan to be involved in & contribute to the vitality of the dance department during your first year?

○ What strengths do you feel you bring?

○ In what ways do you plan to challenge yourself and grow?

