

Minnesota Federation of Music Clubs  
Biennial State Student Auditions Application 2025

Liz Raihala, MFMC State Student Auditions Chair Liz@Raihala.net

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of High School \_\_\_\_\_

Please CHECK current High School grade: Junior \_\_\_\_ Senior \_\_\_\_

Student Age/Birth Date \_\_\_\_\_

Student Phone, Email \_\_\_\_\_

Teacher Name, Phone, Email \_\_\_\_\_

*If declared a winner*, applicant will be asked to provide a picture, biography and give permission (parent's if winner/recipient is a minor) for publication of their success in MFMC publications. Permission granted by (signature) \_\_\_\_\_

Completed application (from MFMC website) must be emailed to Liz Raihala, MFMC Student Auditions Chair, and \$25.00 entry fee payable to MFMC (Student Auditions noted on check) mailed to Shirley Erickson, MFMC State Treasurer, by January 15, 2023. Auditions will be conducted entirely by recording. (See *State Student Auditions Eligibility Form* for all addresses)

MP3 or MP4 recordings, (MP4 Videos are preferred) repertoire list and certification form must be emailed to the State Student Auditions Chair Liz Raihala, on or before *January 31, 2025*. State Winners will be announced on or before March 1, 2025. **Recordings and Certification Form must be emailed to the State Student Auditions Chair in order to compete for the scholarship award.**

**Classifications:**

**Piano, Organ, Strings, Man's Voice, Woman's Voice, Brass, Woodwinds, Percussion**

The recording must contain (in any order) one selection from three of the following categories:

Baroque, Classical, Romantic or Contemporary. One of the selections must be an American composer.

All selections must be memorized, with the exception of Organ, Brass, Winds, and Percussion. Please list your selections below.

The performance recording should contain and list the selections in the order recorded. You must have a witness present at the recording session (other than a parent or current teacher) who can attest to your memory work, if required, on the recording. A Certification Form must accompany the recording, signed by the witness.

**Selection Titles:**

1. \_\_\_\_\_ Composer \_\_\_\_\_ Length \_\_\_\_\_

2. \_\_\_\_\_ Composer \_\_\_\_\_ Length \_\_\_\_\_

3. \_\_\_\_\_ Composer \_\_\_\_\_ Length \_\_\_\_\_