

**AMERICAN GUILD OF ORGANISTS--SUFFOLK CHAPTER
COLLEGE AND SECONDARY SCHOOL SCHOLARSHIP APPLICATION 2023**

NOTE: To be eligible, you must be a Suffolk County resident OR current member of Suffolk AGO.
Student AGO memberships are available. Contact our Registrar, Brenda Clark, Ph.D, CAGO, at
(631) 486-1043 or musica12@verizon.net for additional information.

NAME _____ (check one) is an AGO member
 is NOT an AGO member

APPLYING FOR (check one): *The Peragallo College Level Organ Scholarship*
 *The Suffolk AGO Chapter Secondary Level Scholarship
for High School and Middle School Students (Grades 6-12)*

AGE: _____

ADDRESS _____ PHONE _____
_____ E-MAIL _____

ORGAN TEACHER _____ (check one) is a Suffolk Chapter AGO member
Dates of study: _____ is NOT a Suffolk Chapter AGO member

PIANO TEACHER (if applicable) _____
Dates of study: _____

SECONDARY SCHOOL _____ COLLEGE* _____

**NOTE to high school seniors applying for the COLLEGE LEVEL organ studies scholarship: please give the name of the college where you will be enrolled in the Fall, if applicable, as well as the name of your high school.*

AUDITION REPERTOIRE (Carefully list the pieces you will play. Be sure they meet the requirements.)

COLLEGE LEVEL AUDITION REQUIREMENTS	SECONDARY STUDENT AUDITION REQUIREMENTS
<p>Be prepared to play on the organ:</p> <ol style="list-style-type: none"> 1. a Prelude/Tocatta and Fugue or Trio Sonata by J. S. Bach, 2. a piece from the 19th century, 3. a piece from the 20th or 21st centuries, (<i>may be single movements from larger works</i>) 4. and two stanzas of one of the following hymns: <i>Lasst uns Erfreuen, Sine Nomine, or Ein Feste Burg</i> with a variation on the 2nd verse (key, registration, harmonization, improvisation, etc.) 	<p>Be prepared to play on the organ:</p> <ol style="list-style-type: none"> 1. one piece by J. S. Bach, 2. a piece from either the 19th, 20th, or 21st centuries, and 3. two stanzas of one of the following hymns: <i>Hyfydol, Lobe Den Herren, or St. Anne</i> with a variation on the 2nd verse (key, registration, harmonization, improvisation, etc.)

1. TITLE: _____
COMPOSER: _____

2. TITLE: _____
COMPOSER: _____

3. TITLE (College level only): _____
COMPOSER: _____

HYMN: Please give the **tune name and number**, and specify which hymnal is being used.

4. HYMN: _____

Completed applications must be received no later than April 10, 2023. Please enclose a non-refundable application fee of \$20 payable to “Suffolk Chapter AGO” and send to Dr. Joan Daly-Lewis, Suffolk AGO Scholarship Committee, 9 Sands Lane, Port Jefferson, NY 11777 (**EARLY BIRD SPECIAL-SAVE \$5 if your application is received by April 1!**)

NOTE: Applicants for the College Level Scholarship who are submitting a digital file in lieu of a live audition must complete the following Letter of Assurance and send it to Dr. Daly-Lewis. The digital files **must be received by April 14, 2023.** Be sure to authorize SAGO access to your files. See the SCHOLARSHIP OVERVIEW for more details- found at <http://www.suffolkliago.org>.

**AMERICAN GUILD OF ORGANISTS
SUFFOLK CHAPTER
Letter of Assurance**

(Complete this page ONLY if you are applying for the College Level Scholarship and you are UNABLE to attend the audition in person.)

COLLEGE LEVEL STUDENTS APPLYING FOR **PERAGALLO COLLEGE-LEVEL ORGAN SCHOLARSHIP** WHO ARE UNABLE TO ATTEND THE AUDITION, ARE REQUIRED TO COMPLETE AND SIGN THE FOLLOWING *LETTER OF ASSURANCE*, AND HAVE THEIR ORGAN TEACHERS ALSO SIGN IT. THIS LETTER IS TO BE SENT ALONG WITH YOUR DIGITAL files:

I hereby verify that the audition recording that I am submitting consists of an unedited recording of me playing the required application repertoire for the SAGO college level scholarship application.

Student Applicant’s Signature: _____

Print student’s name: _____



I hereby verify that the audition files being submitted by my student, _____, consist of an unedited recording of this student playing the required application repertoire for the SAGO College Level Scholarship Application.

Organ Teacher’s Signature: _____

Please print teacher’s name: _____

Address: _____

Phone number: _____

E-mail: _____

PLEASE ENCLOSE THIS LETTER OF ASSURANCE WITH THE AUDIO RECORDING. The application package, audio files (if applicable) and fee are to be sent to Dr. Joan Daly-Lewis, 9 Sands Lane, Port Jefferson, NY 11777, and are **to be postmarked by April 10, 2022.** If you have any questions, please contact Dr. Daly-Lewis at jdalylew@optonline.net.