

SHANDELEE MUSIC FESTIVAL

36 East 74th Street • New York, NY 10021

Tel: 212-288-4152 • Fax: 212-879-2462

www.shandeele.org

2011 Application for Admission

(Please Print Clearly In Ink)

Name:

Check One: Ms. Mr.

Last First Middle

Date Of Birth: _____
Mo / Day / Yr

Current Address & Telephone:

Street

City State Zip

Area Code & Telephone

At This Address Until: _____
Mo / Day / Yr

Permanent Address & Telephone:

Street

City State Zip

Area Code & Telephone E-Mail Address

Citizenship:

Are You A US Citizen? Yes No

If No:

Visa Type Expiration Date

Country Of Birth Citizenship

Education & Musical Training Questionnaire

Present School / College Yrs.

Present Piano Instructor

Previous Schools / Colleges:

Dates

Dates

Dates

Previous Piano Instructors:

Dates

Dates

Dates

Solo Performance Experience:

Chamber & Orchestra Experience:

OVER→

Previous Scholarships / Awards:

Live Audition Or Recording Requirements:

(Check One)

- I will be performing a live audition in NYC on April 17, 2011
- My DVD is enclosed
- My CD is enclosed

Please note: *Recordings should be of the highest artistic, audio and video quality and should not exceed a total of 30 minutes.*

Live Audition Or Recording Repertoire:

Composer	Title
Composer	Title
Composer	Title

Scholarships: *(Please check to be considered for scholarship)*

- I would like to be considered for any of the full or partial scholarships available.

- I understand that all scholarships are based solely on the artistic and technical abilities exhibited in the audition process.

Signatures:

The signature(s) below certify that this application is complete and correct, and that the enclosed audition recording represents the applicant.

Signature Of Applicant

Signature Of Parent Or Guardian
(Required if applicant is under 21 years of age)

General Information Questionnaire

Proposed Festival Repertoire:

Composer	Title
Composer	Title
Composer	Title
Composer	Title

Are you interested in performing for an outreach program during the Festival?
 Yes No

Do you want to participate in a joint recital with other students?
 Yes No

Do you have any specific dietary or medical requirements?
 Yes No

If yes, please explain in complete detail.

How did you hear about our Festival?

- Poster
- School
- Teacher
- Advertisement
- Friend
- Internet

List Similar Festivals You Have Participated In:

Date

Date