

**THIS SECTION IS TO BE COMPLETED BY THE VOICE STUDENT**

Applicant's name \_\_\_\_\_

List two compositions AND composers you are currently studying or have recently studied:

1. \_\_\_\_\_ How long singing this piece? \_\_\_\_months Did you perform this piece? \_\_\_\_  
2. \_\_\_\_\_ How long singing this piece? \_\_\_\_months Did you perform this piece? \_\_\_\_

Types of training you have received (check all that apply):  Classical  Chorus  Madrigal Choir  Jazz Choir  
 Show Choir  Orchestra  Concert Band  Chamber Music  Other (specify) \_\_\_\_\_  
Recent performance experience (concerts, recitals, etc.) \_\_\_\_\_

Please list extra things you have done with your music that we have not asked you about (i.e. music camps, solo/ensemble festivals):  
\_\_\_\_\_  
\_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY SCHOOL MUSIC TEACHER \***  
(A PARENT MAY NOT COMPLETE THIS SECTION IN LIEU OF A MUSIC TEACHER.)

**MUSIC TEACHERS:** THIS INFORMATION IS USED TO ASSIGN STUDENTS TO CLASSES. IF THIS SECTION IS NOT COMPLETE, THE APPLICATION WILL BE RETURNED TO THE STUDENT. **THANK YOU FOR YOUR TIME AND ASSISTANCE!**

**STUDENTS:** IF YOU HAVE A **PRIVATE INSTRUCTOR** PLEASE HAVE THEM COMPLETE THE PRIVATE INSTRUCTOR RECOMMENDATION FORM **IN ADDITION** TO THIS ONE.

Instructor's/Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Indicate the student's level of musical proficiency:  Beginner  Early Intermediate  Intermediate  Advanced

Indicate which level of repertoire this student is currently studying and performing:

- Very Easy  Easy  Medium Easy  
 Medium  Medium Advanced  Advanced

Rate the student in each area below (5 = Excellent; 4 = Good; 3 = Average; 2 = Fair; 1 = Needs Improvement):

Rhythm \_\_\_\_\_ Tone Quality \_\_\_\_\_ Intonation \_\_\_\_\_ Technique \_\_\_\_\_ Articulation \_\_\_\_\_  
Diction \_\_\_\_\_ Musicality (phrasing, dynamics) \_\_\_\_\_ Sight Reading \_\_\_\_\_ Attitude \_\_\_\_\_  
Responsibility \_\_\_\_\_ Commitment \_\_\_\_\_ Preparation \_\_\_\_\_ Participation \_\_\_\_\_ Maturity \_\_\_\_\_

**All voice students must demonstrate some ability to read music.** Can the student read music or does she/he learn by rote?  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any other information that would be helpful in assigning this student to a Workshop instructor and/or ensemble:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 2010 Sun Valley Summer Music Workshops

Application for

## VOICE STUDENTS

WORKSHOP DATES: Monday, August 2 – Friday August 6, 2010      APPLICATION DEADLINE: MAY 1, 2010

FEES: \$90 (includes performance polo shirt) due upon acceptance, do not send fee with application  
NOTIFICATION OF ACCEPTANCE AND STUDENT CONTRACT WILL BE SENT IN LATE MAY

**VOICE STUDENT AGE REQUIREMENT:**

**BEGINNING TO EARLY INTERMEDIATE:** MUST BE ENTERING 4<sup>th</sup> GRADE OR HIGHER IN FALL 2010  
**INTERMEDIATE AND ADVANCED:** MUST BE ENTERING 8<sup>th</sup> GRADE OR HIGHER IN FALL 2010 (Students in lower grades who demonstrate exceptional talent may be assigned to Intermediate or Advanced levels at the discretion of the Artistic Director and voice faculty)

**VOICE STUDENTS INTERESTED IN ADVANCED LEVEL CLASSES MAY BE ASKED TO AUDITION THE FIRST DAY OF WORKSHOPS.** Please come prepared to sing one or two “performance ready” pieces you have been working on and be prepared to sight read other material. An accompanist will be available.

**NEW for 2010:** Advanced Vocal Master Class 8:00-9:00 AM    Tape, CD, DVD or written teacher recommendation required.

**PLEASE PRINT LEGIBLY! READ CAREFULLY AND COMPLETE ALL ITEMS ON BOTH PAGES OF THE FORM**

Applicant's name \_\_\_\_\_  Male     Female

Parent's name \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip/ \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address (please print very clearly) \_\_\_\_\_

Grade in fall 2010 \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Indicate your voice part (soprano, alto, tenor, baritone, bass) \_\_\_\_\_ Years experience \_\_\_\_\_

Any instruments you have studied/years experience \_\_\_\_\_

Current private instructor (if applicable) \_\_\_\_\_ years with this instructor \_\_\_\_\_ Phone Number \_\_\_\_\_

Current School instructor (if applicable) \_\_\_\_\_ years with this instructor \_\_\_\_\_

Other instructors with whom you have studied (private lessons, school, master classes, etc.) \_\_\_\_\_

**Application must be signed by the applicant and a parent or guardian.** (If applicant is 18 or older, only applicant signature is needed.)

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

As parent (or guardian) of the above named applicant, I give permission for her/him to participate in the Sun Valley Summer Music Workshops. I understand that students must make a commitment to **attend all classes**. I further understand that students will be required to practice any assigned music during the summer prior to August 2 and have it “performance ready” by the first day of class.

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit your application to:**

Sun Valley Summer Music Workshops  
P.O. Box 3956  
Hailey, ID 83333

**ADVANCED VOCAL STUDENTS ONLY:**

I wish to be considered for the 8:00-9:00 Vocal Master Class  
Recording/recommendation submitted:    Yes    No

**Kim Gasenica**, SVSS Education Director    **Dave Johnson**, SMW Artistic Director    **Janis Walton**, Administrative Assistant  
Phone: 208-578-5464 • Fax: 208-622-9149 • [education@svsummersymphony.org](mailto:education@svsummersymphony.org) • [www.svsummersymphony.org](http://www.svsummersymphony.org)