



New Student Application

Important: Please read carefully and complete all items on **both pages** of this form. Each application must be signed by the applicant and a parent or guardian. Students applying for the **Core Program** must also submit a completed teacher recommendation form. (Teacher recommendation not required for developmental or ensemble only students)

Return application to: Sun Valley Summer Symphony School of Music
P.O. Box 3956, Hailey ID 83333
Attn: Kim Gasenica tel/fax: (208) 788-4616
e-mail: gasenica@mindspring.com

Semester: **Fall 2009 (begins September 12, 2009)**
 Winter/Spring 2010 (begins January 9, 2010)

Program: **Core Program** **Developmental Program** **Ensemble Only**

Discipline applying for (circle): **Cello** **Piano** **String Bass** **Viola** **Violin** **Voice**

Applicant's name _____
(last) (first) (other)

Grade (for fall semester indicate grade next Sept.) _____ Birthdate _____ Age _____

School _____

Parent's name (please print) _____

Mailing address _____

_____ (city) (state) (zip)

Phone: Home: _____ Work: _____ Cell: _____ Student Cell: _____

Parent Email: _____ Student Email: _____

Major instrument _____ How long played _____

Current private instructor _____ Years _____ Phone _____

School music teacher _____ School phone _____

Other instruments (list) _____

List other instructors you have studied with (include private instructors, master class instructors, etc.):

List any music camps and workshops you have attended (indicate years) _____

Musical experience (youth orchestras, ensembles, school programs etc.) _____

Other performing experience (recitals, festivals, competitions, etc.) _____

List 2 compositions (include composers) you are now studying or have studied this past year on your major instrument: _____

Types of training (check all that apply)

Suzuki (level reached _____) traditional classical jazz other (specify) _____

Non-musical activities (sports, etc.) _____

How does music fit into your future? _____

How do you think the SVSS School of Music will help you meet your musical goals? _____

All new applicants (core program only): Enclose one letter of recommendation from your music teacher (private or school teacher). You may use our recommendation form or have the instructor write their own letter. You will be contacted to schedule an audition once your application and recommendation have been received.

This application must be signed by the applicant and a parent or guardian.

Applicant signature _____ Date _____

As parent (or guardian) of the above named applicant, I give permission for him/her to participate in the Sun Valley Summer Symphony School of Music.

Parent or guardian signature _____ Date _____