

# Experience It Yourself!

## School of Choral Studies Student Application Form

I wish to participate in the auditions for the 2010 School of Choral Studies.

- Selected Audition Site:**
- |                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| <input type="radio"/> Binghamton Area | <input type="radio"/> Buffalo Area   | <input type="radio"/> Capital District |
| <input type="radio"/> Mid-Hudson Area | <input type="radio"/> Nassau County  | <input type="radio"/> New York City    |
| <input type="radio"/> Northern Area   | <input type="radio"/> Rochester Area | <input type="radio"/> Suffolk County   |
| <input type="radio"/> Syracuse Area   |                                      |  |

**Please Print Or Type**

**Please Duplicate Additional Applications As Needed**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Current Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student Social Security Number \_\_\_\_\_ Student Email Address **(Please print clearly)** \_\_\_\_\_

School \_\_\_\_\_ Principal \_\_\_\_\_ Current Grade \_\_\_\_\_

School Address \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Choir Director/Music Teacher \_\_\_\_\_ Email Address \_\_\_\_\_ School Telephone \_\_\_\_\_

Voice Teacher (if applicable) \_\_\_\_\_ Email Address \_\_\_\_\_

Preferred Voice Part  Soprano  Alto  Tenor  Bass

Have you attended the School of Choral Studies in the past?  Yes  No

Have you had private voice lessons?  Yes  No If yes, how many years? \_\_\_\_\_

Please list the instruments you play: \_\_\_\_\_

Please indicate the NYSSMA Festivals (All-State, Area All-State) or other honors groups and dates in which you participated: \_\_\_\_\_

Student's Signature \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Please Print Names of Parent/Guardian \_\_\_\_\_

Mail to:

New York State Summer School of the Arts  
State Education Department  
89 Washington Avenue  
Room 866 EBA  
Albany, NY 12234  
Fax: 518-473-0770