Experience It Yourself!

School of Choral Studies Student Application Form

I wish to participate in the auditions for the 2016 School of Choral Studies.

Select Audition Site:

- ○ Buffalo Area
- ○ Capital District
- ○ New York City
- ○ Syracuse Area
- ○ Recorded Audition (must be emailed or postmarked by January 29, 2016) Visit our audition guidelines for requirements.

PLEASE PRINT CLEARLY

Student's Name | Age | Date of Birth | Gender

Current Street Address | City | State | Zip Code | County

Student Cell Phone | Student Email | Current Grade

Parent Cell Phone | Parent Email | Parent Home Phone

School | Principal | School Telephone

School Address | City | State | Zip Code

School Director/Music Teacher | Email Address | School Telephone

Private Voice Teacher or Choral Director (if applicable) | Email Address

My Voice Part at School/Choir is: ○ Soprano ○ Alto ○ Tenor ○ Bass

How did you hear about NYSSSA? _____

I would like to receive mail copies of NYSSSA correspondence (Please note all student results will be emailed to addresses provided above) ○ Yes

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

Please list the instruments you play: _____

Please indicate the NYSSMA Festivals (All-State, Area All-State), other honors groups or community choirs in which you participated:

_____

_____

(Please Turn Over for Part II)

Part II. Statement of Artistic Intent (to be completed by student)

Please describe why you are interested in pursuing advanced studies in choral studies and what you hope to gain as a NYSSSA Student if accepted this summer. Your Statement of Intent is an important part of the adjudication process. Please feel free to use extra paper if you wish.

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
Office of Cultural Education
222 Madison Avenue
Room 10D79
Albany, NY 12230