Experience It Yourself!

School of Orchestral Studies Student Application Form

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

Select Audition Site:

- ○ Buffalo Area
- ○ Capital District
- ○ New York City
- ○ Syracuse Area
- ○ Recorded Audition (to 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 Music Director/Teacher | Email Address | School Telephone

Private Music Teacher (if Applicable) | Email Address | Telephone

I am applying as an instrumentalist on _____

I also play and have access to another instrument (Please identify) _____
(For example: Piccolo, English Horn, A Clarinet,Bass Clarinet, E^b Clarinet, Saxophone(s), Contrabassoon, Flugelhorn, Bass Trombone, and/or others)

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

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

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