

2008 Application



Biographical Information

First Name: _____

Last Name: _____

Nickname: _____ Gender: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell: _____

Email Address: _____

Current Address (if different from above): _____

City: _____ State: _____ Zip: _____ Country: _____

Valid Until: _____

Date of Birth: ____ / ____ / ____ Age: ____

Country of Birth _____

Education Information

How many years have you studied the double bass? _____ years

High School Information: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Attendance Dates: _____ to _____ Current grade (if applicable): _____

College Information:

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Major: _____ Teacher's Name: _____

Attendance Dates: _____ to _____ Current Status _____

Previously attended summer programs: (name, duration, location, year(s) attended)

What other programs are you considering?

If there is anything else we should know about you (grad school, special activities, etc), please feel free to tell us: _____

Primary Instructor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell: _____

Email Address: _____

Length of Study: _____

If less than one year, please list previous teachers and contact information:

Additional Information for Non-U.S. Citizens:

Are you currently in the U.S. on a visa?

Yes No

If yes, what type of visa? _____ Sevis ID No. _____

Granting Institution: _____

If you are a US Resident Alien, what is your alien registration number? _____

Date issued? _____

Is English your first language?

Yes No

If not, how long have you studied English? _____

Family History

Who is your custodial parent? Both Parents Parent/Guardian 1 Parent/Guardian 2

With whom does the applicant reside? (please check one)

Both Parents Parent/Guardian #1 Parent/Guardian #2 Other

If other, please specify _____

Parent/Guardian #1 Mr. Mrs. Ms.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell: _____

Email Address: _____

Employer: _____

Title: _____ Work Phone: _____

Parent/Guardian #2 Mr. Mrs. Ms.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell: _____

Email Address: _____

Employer: _____ Title: _____

Title: _____ Work Phone: _____

Personal Background Information

Does the applicant have any chronic health problems or limitations of which the medical staff should be aware?

Yes No

If so, please attach a letter that outlines details of this condition, diagnosis, treatment (including medications), and any possible restrictions of activities.

Has the applicant ever been suspended, expelled or asked to withdraw from any school?

Yes No

If so, please attach a letter explaining the nature of the issue/circumstance.

Has the applicant consulted or been referred to a professional for educational testing, psychological testing, counseling, guidance, family therapy, psychotherapy, or for any other reason during the last three years?

Yes No