



St. Petersburg International Music Academy 2016

July 25- Aug 7, Kansas City, MO

APPLICATION FORM

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Instrument: _____

Date of Birth: _____ Age (as of 1/1/16) _____ Sex: _____

Address: _____

City: _____ State(Country) _____ Zip _____

Phone: _____ Cell: _____

Email: _____

School in 2015/16: _____ Grade in 2015/16 _____

(Are you going to be a resident? _____)

Roommate preference _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Employer: _____ Work Phone: _____

Father/Guardian Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Employer: _____ Work Phone: _____

MUSICAL STUDIES (if you need more space, please use the other side to answer any of the following)

Name of Private Teacher: _____

Private Teacher's email _____

Number of Years with this Teacher: _____

Total Years of Private Study: _____

Are you a member of an Orchestra? If so, which one?

What is your Chamber Music Experience? _____

What Chamber Music have you learned? _____

BIOGRAPHICAL INFORMATION

Please write a short 1 page bio including experience, achievements, education, current and former teachers, and repertoire (solo, orchestral and chamber music).

NON-REFUNDABLE APPLICATION FEE OF \$ 50

Application deadline is May 1, 2016.

Upon notification of acceptance, a \$350 deposit must be submitted with the balance **due by June 1, 2016.**

No refunds will be made after June 10, 2016.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

SEND THIS FORM AND YOUR BIO WITH THE APPLICATION FEES PAYALBE TO:

The St. Petersburg Quartet LLC

to: Alla Aranovskaya
St. Petersburg Quartet
4035 Charlotte st. #4
Kansas City, MO 64110

or

PayPal: **alla.aranovskaya@gmail.com**

Bank Transfer by email: **alla.aranovskaya@gmail.com**