

# 2011 WAMSO YOUNG ARTIST COMPETITION APPLICATION

Complete the entire application. Check address to be used for correspondence.

Name: \_\_\_\_\_

Last

First

Middle

Date of Birth(MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 1/15/11: \_\_\_\_\_

Instrument \_\_\_\_\_

*Permanent Address (Legal Residence):*

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State or Province, Zip or Postal Code

\_\_\_\_\_

Home phone with area code

*Mailing Address at School:*

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State or Province, Zip or Postal Code

\_\_\_\_\_

School phone or Cell Phone with area code

\_\_\_\_\_

Preferred Email Address

\_\_\_\_\_

Name of College or Graduate School

\_\_\_\_\_

Name of High School

Grade or Level, Fall 2010: \_\_\_\_\_

Note: If not currently a student, indicate degrees received; years and schools; and a qualified, professional, musician or conductor under whom you are currently working.

# 2011 WAMSO YOUNG ARTIST COMPETITION REPERTOIRE FORM

*See Repertoire Requirements and Frequently Asked Questions for detailed explanations.*

**Preliminary and Semifinal Rounds:** You must be prepared to play all pieces in their entirety in the semifinal and final rounds. The Concerto must be performed from memory.

Concerto: \_\_\_\_\_

Composition (FULL TITLE)

Composer

- Single movement work
- Multi-movement work (list title or tempo marking of each movement and approximate playing time of each, e.g. allegro, ca. 5')

Playing Time

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Estimated total playing time: \_\_\_\_\_

Solo Work #1: \_\_\_\_\_

Composition (FULL TITLE)

Composer

- Single movement work
- Multi-movement work (list title or tempo marking of each movement and approximate playing time of each, e.g. allegro, ca. 5')

Playing Time

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Estimated total playing time: \_\_\_\_\_

Solo Work #2: \_\_\_\_\_

Composition (FULL TITLE)

Composer

- Single movement work
- Multi-movement work (list title or tempo marking of each movement and approximate playing time of each, e.g. allegro, ca. 5')

Playing Time

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Estimated total playing time: \_\_\_\_\_

**FINAL ROUND** – You must offer the same concerto plus one of the two solo works.

PLEASE CIRCLE THE SOLO WORK YOU WILL PLAY IN THE FINAL ROUND:

Solo Work #1

Solo Work #2

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## *SUMMER STUDY INFORMATION*

### **MUSICAL RESUME**

Please email to [wamso@mnorch.org](mailto:wamso@mnorch.org) a resume that includes your musical training, teachers and the number of years spent in musical study. Please list the names of awards and contests you have won.

### **SUMMER STUDY**

I would like to be considered for:

**Aspen Music School**, Aspen, Colorado YES \_\_\_ NO \_\_\_

June – August 2011

[www.aspenmusicfestival.com](http://www.aspenmusicfestival.com)

**Madeline Island Music Camp**, La Pointe, Wisconsin YES \_\_\_ NO \_\_\_

June-July 2011

[www.music-camp.org](http://www.music-camp.org)

**Interlochen Arts Camp**, Interlochen, Michigan YES \_\_\_ NO \_\_\_

The Interlochen award is for high school students only.

**Chautauqua Music Festival**, Chautauqua, NY YES \_\_\_ NO \_\_\_

Instrumentalists and pianists 16-25 years of age

<http://music.ciweb.org>

I give permission for WAMSO to notify the awards representatives of my interest in their programs. YES \_\_\_ NO \_\_\_

Winners of awards for summer study opportunities will be announced at the presentation ceremony on Sunday, January 16, 2011, following the finals at Orchestra Hall.

# 2011 WAMSO YOUNG ARTIST COMPETITION

## Certification

Application to this competition constitutes acceptance of its policies and rules.

Application information is confidential. All decisions of the judges and WAMSO shall be final.

This application is not valid unless the certifying teacher and the applicant make the following certifications and sign the application. By checking the box in front of the certification statement, and typing the individual's name, the individual asserts that he/she understands and agrees that such actions constitute his/her electronic signature as defined under Minnesota Statutes, section 302A.015.

I certify that all information on this application is correct. I understand that I will be disqualified if WAMSO determines that I have broken the rules.

- Name of certifying teacher or professional (required):

Name \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- Name of Applicant

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

## Application Fee

Please make your \$75 check payable to WAMSO or provide your credit card information below.

- Visa  Mastercard  AmEx  Discover

Name of Card Holder \_\_\_\_\_

Card Number \_\_\_\_\_

Security Code (3 or 4 digits) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_