

2010 WAMSO YOUNG ARTIST COMPETITION APPLICATION

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

Name: _____
Last First Middle

Date of Birth: _____
Month/Day/Year

Age as of 2/20/10: _____ Instrument _____

Permanent Address (Legal Residence):

Street, House or Apartment Number

City, State or Province, Zip or Postal Code

Phone with area code

Email

Mailing Address at School:

Street, House or Apartment Number

City, State or Province, Zip or Postal Code

School phone or Cell Phone with area code

Email

Name of College or Graduate School

Name of High School

Grade or Level, Fall 2009: _____

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.

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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
- Multimovement 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
- Multimovement 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
- Multimovement 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

**2010 WAMSO YOUNG ARTIST COMPETITION
SUMMER STUDY INFORMATION**

MUSICAL RESUME

Please email to 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, 2010

www.aspenmusicfestival.com

Madeline Island Music Camp, La Pointe, Wisconsin YES___ NO ___

Piano and Strings: June – July, 2010, For ages 14-24

Woodwinds and Horns: July, 2010, For college age

www.musiccamp.org

Interlochen Arts Camp, Interlochen, Michigan YES___ NO ___

The Interlochen award is for high school students only.

Chautauqua Music Festival, Chautauqua, NY YES___ NO ___

June 27 – August 18, 2010 (Instrumental)

June 27 – August 12, 2010 (Piano)

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, February 21, 2010, following the finals at Orchestra Hall.

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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 _____

Verification Code (3 or 4 digits) _____

Expiration Date _____

Address _____

City, St, Zip _____