

2012 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 1/15/12: _____

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 2011: _____

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.

2012 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.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____

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.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____

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. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____

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 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 2012

www.aspenmusicfestival.com

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

June-July 2012

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, 2012, 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 _____

Security Code (3 or 4 digits) _____

Expiration Date _____

Billing Address _____

City, St, Zip _____