



SUMMER STUDENT SIDE-BY SIDE APPLICATION

***COMPLETE AND RETURN TO PGHPHILSTUDENTPROGRAMS@GMAIL.COM*

Applicant Information

Application Date* _____ **indicates required information*
Name* _____ Date of Birth _____
Address* _____ County* _____
City* _____ State* _____ Zip* _____
Email _____ Phone* _____
Instrument* _____ Years Played _____
Parent/Guardian Name(s)* _____
Address (if different) _____
Email _____ Phone (if different) _____

Education Information

School* _____ Current Grade* 8 9 10 11
School Address* _____ Phone* _____
City* _____ State* _____ Zip* _____
School Music Director _____ Email _____
School Ensemble(s) _____
Private Music Teacher* _____ Email* _____
Address* _____ Phone* _____
City* _____ State* _____ Zip* _____
Years of private study _____ Extracurricular Ensembles _____

Solo experience _____

Awards, workshops, competitions, summer programs _____

Audition solo (composer and piece)* _____

YouTube Audition URL, if applicable _____

I certify all information provided on this application is correct to the best of my knowledge. I understand the decision of the Audition Panel is final.

Applicant Signature* _____

Parent/Guardian Signature* _____

Teacher Signature* _____