

# Summit Music Festival 2017 Application

APPLICATION DEADLINE IS MAY 15, 2017.

Please complete both pages of the form. You can email, fax, or mail. (See second page for contact information.)

**INSTRUMENT:**  Piano  Violin  Viola  Cello  Double Bass  Voice  Other \_\_\_\_\_

**Select one:**  Board (Tuition and Room & Board fees apply)  Day Student (Only Tuition fees apply)

## PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS

CITY STATE ZIP CODE

COUNTRY EMAIL ADDRESS

TELEPHONE (LANDLINE) TELEPHONE (CELL)

Male  Female AGE (AS OF AUGUST 1, 2016) DATE OF BIRTH (MONTH/DAY/YEAR)

## PROGRAMS

**Individual Regular Program** July 29–August 13

Requested Teacher (4 lessons): \_\_\_\_\_

Orchestra  Chamber Music (Additional Fee)

**Comprehensive Violin Program** (DANCHENKO/GREENBERG)

July 29–August 13

Orchestra  Chamber Music (Additional Fee)

**AARON ROSAND Intensive Violin Program**

July 29–August 13

Orchestra  Chamber Music (Additional Fee)

**Cello Intensive Program** July 29–August 13

Requested Teacher (4 lessons): \_\_\_\_\_

Orchestra  Chamber Music (Additional Fee)

**Piano Intensive Program** July 29–August 13

Requested Teacher (4 lessons): \_\_\_\_\_

Orchestra  Chamber Music (Additional Fee)

**Viola Intensive Program** July 29–August 13

Requested Teacher (4 lessons): \_\_\_\_\_

Orchestra  Chamber Music (Additional Fee)

**Double Bass Program** July 29–August 13

Orchestra  Chamber Music (Additional Fee)

**Voice — German Lieder & Aria Seminar**

ONE WEEK: July 30–August 6

See additional application requirements on website.

I am interested in **Additional Lessons** (Additional Fee)

Requested Teacher:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I am interested in **Performing for a Master Class** (Additional Fee)

Requested Teacher:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I am applying for **Financial Aid**

Requires a separate Financial Aid application.

## ADDITIONAL APPLICATION MATERIALS REQUIRED

**Letter of Recommendation** (if not referred by current faculty member):  Enclosed  Sent separately

**Audition Video:** Must be Youtube video. Please email online link. If you are unable to provide this, please contact us at info@summitmusicfestival.org or 914-747-2020 for further assistance.

## APPLICATION FEE

A \$120 NON REFUNDABLE application fee must be paid by May 15, 2017 or you will not be considered as registered in the program. After May 15, 2017, the fee is \$150, regardless of when the application form and materials were received.

If you are unable to pay the application fee online, please complete the **PAYMENT INFORMATION** section and send to us:

by email info@summitmusicfestival.org

by fax 845-940-1134

by mail Summit Music Festival Inc., 270 Washington Ave., Pleasantville, NY 10570

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## TELL US ABOUT YOURSELF

INSTRUMENT(S)

YEARS OF STUDY

NAME OF CURRENT TEACHER(S)

TEACHER'S AFFILIATION/POSITION

TEACHER'S TELEPHONE NUMBER

TEACHER'S EMAIL

CURRENT MUSIC SCHOOL

Have you ever applied for admission to the SMF before?  No  Yes If yes, years applied \_\_\_\_\_

Have you ever enrolled at the SMF before?  No  Yes If yes, years enrolled \_\_\_\_\_

How did you find out about us?  Mailing  Website  Other \_\_\_\_\_

List other principal teachers and dates of study (or attach resume):

NAME

DATES

NAME

DATES

List other festivals attended and dates of attendance:

NAME

DATES

NAME

DATES

List Musical Awards/Accomplishments (include dates when applicable)

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## ADDITIONAL FORMS TO BE COMPLETED

**Forms:** The following forms need to be completed and signed for your application to be complete. If you are unable to download from our website please contact us at [info@summitmusicfestival](mailto:info@summitmusicfestival) or 914-747-2020

**Liability Release**  
**Performance Waiver**  
**Medical Release**  
**Code of Conduct**  
**Refund/Cancellation Policy**

## PAYMENT INFORMATION

Visa  Mastercard  Discover

CREDIT CARD NUMBER

EXPIRATION DATE

CARDHOLDER SIGNATURE

POSTAL (ZIP) CODE OF  
CREDIT CARD BILLING ADDRESS

3 DIGIT SECURITY CODE